United States Bankruptcy Court Eastern District of New York, Brooklyn Division

IN RE:		Case No.	
Tripodi, Joseph R Sr. & Tripodi, Jacqueline M Debtor(s)		Chapter 7	
		• -	
	VERIFICATION OF CREDI	TOR MATRIX	
The above named debtor(s) or atto correct to the best of their knowled	•	y that the attached matrix (list of creditors) is true and	
Date: January 20, 2016	/s/ Joseph R Tripodi, Sr. Debtor		
	/s/ Jacqueline M Tripodi Joint Debtor		
	/s/ Kevin Zazzera Attorney for Debtor		

Capital One Bank Usa N 15000 Capital One Dr Richmond, VA 23238

Citifinancial 605 Munn Road Fort Mill, SC 29715

Comenity Bank/nwyrk&co 220 W Schrock Rd Westerville, OH 43081

Discover Fin Svcs Llc Po Box 15316 Wilmington, DE 19850

Dsnb Macys 9111 Duke Blvd Mason, OH 45040

Frd Motor Cr Po Box Box 542000 Omaha, NE 68154

IRS
P O Box 21126
Philadelpia, PA 19114

Mt Sinai Surgical Assoc P O Box 30668 New York, NY 10087

New York State Dept of Taxation P O Box 5300 Albany, NY 12205

New York State Dept Of Taxation Finance P O Box 5300 Albany, NY 12205

Nice Landscaping Services inc P O Box 30137 Staten Island, NY 10303

PayPal Credit P O Box 105658 Atlanta, GA 30348

Quest Diagnostics P O Box 740985 Cincinnati, OH 45274

Seterus Inc 8501 Ibm Dr, Bldg 201, 2dd188 Charlotte, NC 28262 Syncb/paypal Extras Mc Po Box 965005 Orlando, FL 32896

Td Bank Usa/targetcred Po Box 673 Minneapolis, MN 55440

The Company Corporation P O Box 13397 Pholadelphia, PA 19101

Us Bank 200 Gibraltar Rd Ste 315 Horsham, PA 19044

VNA Home Care Services 400 Lake Ave VNA Of Staten Island Staten Island, NY 10303

Wf Crd Svc Cscl Dispute Team Des Moines, IA 50306

B201B (Form 201B) (12/09)

United States Bankruptcy Court Eastern District of New York, Brooklyn Division

IN RE:	Case No	Case No.	
Tripodi, Joseph R Sr. & Tripodi, Jacqueline M	Chapter 7		
Debtor(s)			
	OTICE TO CONSUMER DEBTOR(S) OF THE BANKRUPTCY CODE		
Certificate of [Non-Att	torney] Bankruptcy Petition Preparer		
I, the [non-attorney] bankruptcy petition preparer signing the notice, as required by § 342(b) of the Bankruptcy Code.	ne debtor's petition, hereby certify that I delivered	to the debtor the attached	
Printed Name and title, if any, of Bankruptcy Petition Prepa Address:	petition preparer i the Social Security	imber (If the bankruptcy s not an individual, state y number of the officer, ible person, or partner of tition preparer.)	
X	(Required by 11 U	J.S.C. § 110.)	
Signature of Bankruptcy Petition Preparer of officer, princi partner whose Social Security number is provided above.	pal, responsible person, or		
Certi	ificate of the Debtor		
I (We), the debtor(s), affirm that I (we) have received and r	read the attached notice, as required by § 342(b) of	the Bankruptcy Code.	
Tripodi, Joseph R Sr. & Tripodi, Jacqueline M	X /s/ Joseph R Tripodi, Sr.	1/20/2016	
Printed Name(s) of Debtor(s)	Signature of Debtor	Date	

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Case No. (if known)

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

X /s/ Jacqueline M Tripodi

Signature of Joint Debtor (if any)

1/20/2016

Date

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for Individ 7, you must fill out to roperty, or he lease has not exp and any after you file.		for the meeting of creditors,
Middle Name ASTERN DISTRICT for Individ 7, you must fill out to roperty, or he lease has not explicate and again and again and again.	OF NEW YORK, BROOKLYN DIVISION LUAIS Filing Under Chapt this form if:	amended filing er 7 12/15 for the meeting of creditors,
for Individ 7, you must fill out to roperty, or he lease has not exp and any after you file.	luals Filing Under Chapt this form if:	amended filing er 7 12/15 for the meeting of creditors,
7, you must fill out to roperty, or he lease has not ext 130 days after you fi	this form if:	amended filing er 7 12/15 for the meeting of creditors,
7, you must fill out to roperty, or he lease has not ext 130 days after you fi	this form if:	for the meeting of creditors,
roperty, or he lease has not exp 30 days after you f	pired.	
joint case, both are more space is need (if known).	equally responsible for supplying correct info	rmation. Both debtors must sign
of Schedule D: Cred	ditors Who Have Claims Secured by Property (Official Form 106D), fill in the
		Did you claim the property as exempt on Schedule C?
□ /enue,	Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement.	□ No ■ Yes
/enue,	Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement.	□ No ■ Yes
	wenue, 308 perty Leases that you listed in Sci	of Schedule D: Creditors Who Have Claims Secured by Property (is collateral What do you intend to do with the property that secures a debt? Surrender the property. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: Surrender the property and redeem it. Retain the property and redeem it. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]:

may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Official Form 108

Debtor 1 Debtor 2 Tripodi, Joseph R Sr. & Tripodi, Jacqueline M	Case number (if known)
Lessor's name:	□ No
Description of leased Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Part 3: Sign Below	
Under penalty of perjury, I declare that I have indicated my intention ab property that is subject to an unexpired lease.	pout any property of my estate that secures a debt and any personal
X /s/ Joseph R Tripodi, Sr.	X /s/ Jacqueline M Tripodi
Joseph R Tripodi, Sr. Signature of Debtor 1	Jacqueline M Tripodi Signature of Debtor 2
Date January 20, 2016	Date

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
EASTERN DISTRICT OF NEW YORK, BROOKLYN DIVISION		
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meetin with the trustee.	Joseph First name R Middle name Tripodi, Sr. Last name and Suffix (Sr., Jr., II, III)	M Middle name Tripodi Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years Include your married or maiden names.		Jacqueline M Cannon-Tripodi
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-2966	xxx-xx-5531

	otor 1 otor 2 Tripodi, Joseph F	R Sr. & Tripodi, Jacqueline M	Case number (if known)		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years		■ I have not used any business name or EINs.	■ I have not used any business name or EINs.		
	Include trade names and doing business as names	Business name(s)	Business name(s)		
		EINs	EINs		
5.	Where you live		If Debtor 2 lives at a different address:		
		99 Fern Avenue Staten Island, NY 10308			
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code		
		Richmond			
		County	County		
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code		
6.	Why you are choosing this district to file for	Check one:	Check one:		
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		

Debtor 1

	otor 1 otor 2 Tripodi, Joseph R	Sr. & Tripodi,	Jacqueline M	<u> </u>	Case number (if known)				
Par	t 2: Tell the Court About	our Bankruptcy	Case						
7. The chapter of the Bankruptcy Code you ar		Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.							
	choosing to file under	■ Chapter 7							
		☐ Chapter 11							
		☐ Chapter 12							
		☐ Chapter 13							
8.	How you will pay the fee	about how If your atto pre-printed	you may pay. Typically, if you are rney is submitting your payment o address.	e entire fee when I file my petition. Please check with the clerk's office in your local court for more do may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or more ye is submitting your payment on your behalf, your attorney may pay with a credit card or check with a ddress.					
			bay the fee in installments. If yo in Installments (Official Form 103)		tion, sign and attach the Application for Individuals to Pay The				
		I request to not require your family	hat my fee be waived (You may d to, waive your fee, and may do s	request this opti o only if your inc e fee in installme	ion only if you are filing for Chapter 7. By law, a judge may, but come is less than 150% of the official poverty line that applies to ents). If you choose this option, you must fill out the <i>Application</i> B) and file it with your petition.)			
9.	Have you filed for	■ No.							
	bankruptcy within the last 8 years?	☐ Yes.							
		Distri	ct	When	Case number				
		Distri	ct	When	Case number				
		Distri		When	Case number	_			
10.	Are any bankruptcy cases pending or being filed by	■ No							
		☐ Yes.							
		Debto	or		Relationship to you				
		Distri	ct	When	Case number, if known				
		Debto	or		Relationship to you	_			
		Distri		When	Case number, if known	_			
11.	Do you rent your residence?	■ No. Go t	o line 12.						
	i coluctios :	☐ Yes. Has	your landlord obtained an eviction	judgment again	st you and do you want to stay in your residence?				
			No. Go to line 12.						
			Yes. Fill out <i>Initial Statement i</i> bankruptcy petition.	About an Eviction	n Judgment Against You (Form 101A) and file it with this				

	tor 1 tor 2 Tripodi, Joseph R	Sr. & Tri	ipodi, Jacqueline M	Case number (if known)			
Part	Report About Any Bus	sinesses Y	ou Own as a Sole Proprie	or			
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to Part 4.				
		☐ Yes.	Name and location of bu	siness			
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if any				
	If you have more than one sole proprietorship, use a separate sheet and attach it		Number, Street, City, Sta	ate & ZIP Code			
	to this petition.		Check the appropriate be	ox to describe your business:			
			☐ Health Care Busi	ness (as defined in 11 U.S.C. § 101(27A))			
			☐ Single Asset Rea	I Estate (as defined in 11 U.S.C. § 101(51B))			
			☐ Stockbroker (as o	defined in 11 U.S.C. § 101(53A))			
			☐ Commodity Broke	er (as defined in 11 U.S.C. § 101(6))			
			■ None of the abov	9			
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadlines operations	If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).				
		=	I am not filing under Chapter 11.				
	For a definition of small	No.					
		■ No.	I am filing under Chapter Code.	r 11, but I am NOT a small business debtor according to the definition in the Bankruptcy			
	For a definition of small business debtor, see 11		Code.	11, but I am NOT a small business debtor according to the definition in the Bankruptcy 11 and I am a small business debtor according to the definition in the Bankruptcy Code.			
Part	For a definition of small business debtor, see 11 U.S.C. § 101(51D).	□ No.	Code. I am filing under Chapter				
	For a definition of small business debtor, see 11 U.S.C. § 101(51D). 4: Report if You Own or Do you own or have any	□ No.	Code. I am filing under Chapter	r 11 and I am a small business debtor according to the definition in the Bankruptcy Code.			
	For a definition of small business debtor, see 11 U.S.C. § 101(51D). 4: Report if You Own or Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable	□ No. □ Yes. Have Any ■ No.	Code. I am filing under Chapter	r 11 and I am a small business debtor according to the definition in the Bankruptcy Code.			
	For a definition of small business debtor, see 11 U.S.C. § 101(51D). 4: Report if You Own or Do you own or have any property that poses or is alleged to pose a threat of	□ No. □ Yes. Have Any ■ No.	Code. I am filing under Chapter Hazardous Property or An	r 11 and I am a small business debtor according to the definition in the Bankruptcy Code.			
	For a definition of small business debtor, see 11 U.S.C. § 101(51D). 4: Report if You Own or Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs	□ No. □ Yes. Have Any ■ No.	Code. I am filing under Chapter Hazardous Property or An What is the hazard? If immediate attention is	r 11 and I am a small business debtor according to the definition in the Bankruptcy Code.			

Debtor 1 Debtor 2

Tripodi, Joseph R Sr. & Tripodi, Jacqueline M

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity. Ih

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

u0 30.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

	otor 1 otor 2 Tripodi, Joseph R	Sr. & Tri	ipodi, Jacqueline M		Case no	umber (if known)		
Par	t 6: Answer These Question	ons for Re	porting Purposes					
16.	What kind of debts do you have?	16a.	Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C.§ 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."					
			☐ No. Go to line 16b.					
			Yes. Go to line 17.					
		16b.	Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.					
			☐ No. Go to line 16c.					
			☐ Yes. Go to line 17.					
		16c.	State the type of debts you owe	that are not consum	er debts or busin	ess debts		
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter 7.	Go to line 18.				
	Do you estimate that after any exempt property is excluded and	Yes.	I am filing under Chapter 7. Do y paid that funds will be available			operty is excluded and administrative expenses are		
	administrative expenses are paid that funds will be		■ No					
	available for distribution to unsecured creditors?		☐ Yes					
18.	How many Creditors do	1 -49		1 ,000-5,000		□ 25,001-50,000		
	you estimate that you owe?	50-99		□ 5001-10,00 □ 10,001-25,0		☐ 50,001-100,000 ☐ More than100,000		
		☐ 100-199 ☐ 200-999		1 0,001-25,	500	Li More tharroo,000		
19.	How much do you estimate your assets to			\$1,000,001		□ \$500,000,001 - \$1 billion		
	be worth?		01 - \$100,000 001 - \$500,000		1 - \$50 million 1 - \$100 million	☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion		
			001 - \$500,000 001 - \$1 million		01 - \$500 million			
20.	How much do you estimate your liabilities to		\$0 - \$50,000		- \$10 million	□ \$500,000,001 - \$1 billion		
	be?		01 - \$100,000 001 - \$500,000		1 - \$50 million 1 - \$100 million	☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion		
			001 - \$300,000 001 - \$1 million		01 - \$500 million			
Par	7: Sign Below							
For	you	I have exa	amined this petition, and I declare	under penalty of pe	rjury that the info	rmation provided is true and correct.		
			chosen to file under Chapter 7, I ode. I understand the relief availab			gible, under Chapter 7, 11,12, or 13 of title 11, United to proceed under Chapter 7.		
			If no attorney represents me and I did not pay or agree have obtained and read the notice required by 11 U.S.C			not an attorney to help me fill out this document, I		
		I request	relief in accordance with the cha	apter of title 11, Unit	ed States Code,	specified in this petition.		
		case can		concealing property, or obtaining money or property by fraud in connection with a , or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and /s/ Jacqueline M Tripodi				
		Joseph	R Tripodi, Sr.		Jacqueline Signature of D	M Tripodi		
		Signature	OI DEDIOI I		Signature of L	PEDIOI 2		
		Executed	on <u>January 20, 2016</u> MM / DD / YYYY		Executed on	January 20, 2016 MM / DD / YYYY		

Debtor 1 Debtor 2 Tripodi, Joseph F	R Sr. & Tripodi, Jacqueline M	Case	Case number (if known)		
For your attorney, if you are represented by one	Chapter 7, 11, 12, or 13 of title 11, United States C person is eligible. I also certify that I have delivered	ode, and have explained to the debtor(s) the notice			
f you are not represented by an attorney, you do not need to file this page.	which § 707(b)(4)(D) applies, certify that I have no petition is incorrect.	knowledge after an inquir	y that the information in the schedules filed with the		
	/s/ Kevin Zazzera	Date	January 20, 2016		
	Signature of Attorney for Debtor		MM / DD / YYYY		
	Kevin Zazzera				
	Printed name				
	Kevin B. Zazzera, Esq.				
	Firm name				
	182 Rose Ave Ste 3				
	Staten Island, NY 10306-2900				
	Number, Street, City, State & ZIP Code				
	Contact phone	Email address	kzazz007@yahoo.com		
	Bar number & State		_		

	mation to identify your case and the	nis filing:		
Debtor 1	Joseph R Tripodi, Sr.			
Debtor 2		le Name Last Name	1	
(Spouse, if filing)	Jacqueline M Tripodi First Name Midd	le Name Last Name		
United States Ba	ankruptcy Court for the: EASTERN	I DISTRICT OF NEW YORK, BROOKLYN DIVISIO	ON	
Case number				☐ Check if this is an amended filing
Official Fo	orm 106A/B			
Schedu	le A/B: Property			12/15
think it fits best. E information. If mo Answer every que	Be as complete and accurate as possib re space is needed, attach a separate s stion.	an asset only once. If an asset fits in more than one le. If two married people are filing together, both are cheet to this form. On the top of any additional pages, ther Real Estate You Own or Have an Interest In	equally responsible for sup	plying correct
1. Do you own or	have any legal or equitable interest in	any residence, building, land, or similar property?		
□ No. Go to Pa	, 5 .	3,		
Yes. Where				
1.1		What is the property? Check all that apply		
Street address	s, if available, or other description	Single-family home Duplex or multi-unit building Condominium or cooperative	Do not deduct secured cla the amount of any secure Creditors Who Have Clair	d claims on Schedule D:
		☐ Manufactured or mobile home☐ Land	Current value of the entire property?	Current value of the portion you own?
	State ZIP Code	Investment property	\$441,000.00	
City				\$441,000.00
City		☐ Timeshare ☐ Other Who has an interest in the property? Check one	Describe the nature of y (such as fee simple, ten a life estate), if known.	
City		=	(such as fee simple, ten	ancy by the entireties, or
County		Other Who has an interest in the property? Check one	(such as fee simple, ten a life estate), if known. Tenancy by the Er Check if this is com (see instructions)	our ownership interest ancy by the entireties, or utirety
		Under Other Who has an interest in the property? Check one □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another Other information you wish to add about this iter	(such as fee simple, ten a life estate), if known. Tenancy by the Er Check if this is com (see instructions) n, such as local	our ownership interest ancy by the entireties, or utirety
County	lar value of the portion you own fo	□ Other Who has an interest in the property? Check one □ Debtor 1 only □ Debtor 2 only ■ Debtor 1 and Debtor 2 only □ At least one of the debtors and another Other information you wish to add about this iterproperty identification number:	(such as fee simple, ten a life estate), if known. Tenancy by the Er Check if this is com (see instructions) n, such as local and, NY 10308	our ownership interest ancy by the entireties, or utirety

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Debt Debt	Tripodi lecoph D Cr 9	Tripodi, Jacqueline M	Case number (if known)	
3. C a	ırs, vans, trucks, tractors, sport utili	ity vehicles, motorcycles		
	No			
	Yes			
3.1	Make:	Who has an interest in the property? Check one		claims or exemptions. Put
	Model:	Debtor 1 only		ured claims on Schedule D: laims Secured by Property.
	Year:	Debtor 2 only	Ourselve of the	0
	Approximate mileage:	Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
	Other information:	At least one of the debtors and another		
	2008 Chrysler Sebring	Check if this is community property (see instructions)	\$2,700.00	\$2,700.00
3.2	Make:	Who has an interest in the property? Check one		claims or exemptions. Put ured claims on Schedule D:
	Model:	☐ Debtor 1 only		laims Secured by Property.
	Year:	☐ Debtor 2 only	Current value of the	Current value of the
	Approximate mileage:	■ Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other information:	☐ At least one of the debtors and another		
	2009 Kia Rio	Check if this is community property (see instructions)	\$2,200.00	\$2,200.00
		ou own for all of your entries from Part 2, including		\$4,900.00
.y	ou have attached for Part 2. Write th	nat number here	>	φ 4,900.00
Part :	B: Describe Your Personal and House	hold Items		
Do y	ou own or have any legal or equital	ole interest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
Е	ousehold goods and furnishings xamples: Major appliances, furniture, li No	nens, china, kitchenware		
	Yes. Describe			
	furniture			\$1,000.00
	ectronics xamples: Televisions and radios; audio including cell phones, came	o, video, stereo, and digital equipment; computers, printer ras, media players, games	rs, scanners; music collections	s; electronic devices
_	No			
	Yes. Describe			
E	collections, memorabilia, co	ings, prints, or other artwork; books, pictures, or other ar illectibles	t objects; stamp, coin, or base	eball card collections; other
_	No			
	Yes. Describe			

Official Form 106A/B Schedule A/B: Property page 2

Debtor Debtor	Trinadi Jacanh D.Cr. 9 Trinadi Jacqualina M	Case number (if known)	
Exai	oment for sports and hobbies nples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool ta instruments	bles, golf clubs, skis; canoes and k	ayaks; carpentry tools; musical
■ N	o es. Describe		
_	amples: Pistols, rifles, shotguns, ammunition, and related equipment		
■ N	o es. Describe		
11. Clo t	hes amples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories		
□ N			
— Y	es. Describe clothes		\$300.00
10			
	amples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirlo	oom jewelry, watches, gems, gold, s	silver
■ N □ Y	o es. Describe		
	-farm animals amples: Dogs, cats, birds, horses		
■ N			
	es. Describe		
14. Any ■ N	other personal and household items you did not already list, including any	health aids you did not list	
□ Y	es. Give specific information		
	ld the dollar value of all of your entries from Part 3, including any entries for rt 3. Write that number here	pages you have attached for	\$1,300.00
Part 4:	Describe Your Financial Assets	•	
	own or have any legal or equitable interest in any of the following?		Current value of the portion you own? Do not deduct secured
			claims or exemptions.
16. Cas <i>Exa</i> □ N	amples: Money you have in your wallet, in your home, in a safe deposit box, and on	hand when you file your petition	
Y	9S	1	#50.00
		cash	\$50.00
Exa	osits of money amples: Checking, savings, or other financial accounts; certificates of deposit; share institutions. If you have multiple accounts with the same institution, list ea		es, and other similar
□ N ■ Y	o Institution name:		
	17.1. TD checking		\$540.00
	ds, mutual funds, or publicly traded stocks amples: Bond funds, investment accounts with brokerage firms, money market accord	punts	

Institution or issuer name: ☐ Yes.....

Official Form 106A/B Schedule A/B: Property page 3

	ebtor 1 ebtor 2	Tripodi,	Joseph R Sr. & Tripodi, Ja	cqueline M	Case number (if known)	
19.	joint v	ublicly traded enture	stock and interests in incorpo	orated and unincorporated b	ousinesses, including an interest in an Ll	LC, partnership, and
	■ No					
	☐ Yes.	Give specific	c information about them Name of entity:		% of ownership:	
20.	Negotia	iable instrume	orporate bonds and other negonts include personal checks, cas numents are those you cannot trans	hiers' checks, promissory note	s, and money orders.	
		Give specific	information about them			
			Issuer name:			
21.			ion accounts in IRA, ERISA, Keogh, 401(k),	403(b), thrift savings accounts	s, or other pension or profit-sharing plans	
	■ Yes. I	List each acc	ount separately. Type of account:	Institution name: 401K ADP		\$4,030.00
				401K ADP		\$1,829.00
				TOTICADI		Ψ1,023.00
22.	Your sh	hare of all unu	nd prepayments used deposits you have made so ents with landlords, prepaid rent, p		or use from a company ater), telecommunications companies, or othe	ers
	☐ Yes.			Institution name or in	dividual:	
23.		ies (A contrac	ct for a periodic payment of mone	y to you, either for life or for a r	number of years)	
	■ No □ Yes		Issuer name and description.			
24.			ation IRA, in an account in a q 1), 529A(b), and 529(b)(1).	ualified ABLE program, or u	nder a qualified state tuition program.	
	☐ Yes		Institution name and description	n. Separately file the records o	f any interests.11 U.S.C. § 521(c):	
25.	Trusts, ■ No	, equitable o	future interests in property (c	other than anything listed in	line 1), and rights or powers exercisable	for your benefit
	☐ Yes.	Give specific	information about them			
26.			s, trademarks, trade secrets, ar domain names, websites, proceed			
		Give specific	c information about them			
27.		•	es, and other general intangible permits, exclusive licenses, coop		quor licenses, professional licenses	
	☐ Yes.	Give specific	information about them			
M	oney or	property ow	ed to you?		r C	Current value of the cortion you own? Do not deduct secured claims or exemptions.
		funds owed t	o you			
	■ No □ Yes. 0	Give specific	information about them, including	whether you already filed the	returns and the tax years	

Official Form 106A/B Schedule A/B: Property page 4

	ebtor 1 ebtor 2	Tripod	i, Joseph R Sr. &	Tripodi, Jacqueline M	1	Case number (if known)	
29.		support ples: Past o	due or lump sum alimo	ony, spousal support, child	I support, mainten	ance, divorce settlement, property	settlement
		Give speci	fic information				
30.	Exam _i ■ No	<i>oles:</i> Unpai unpai	id loans you made to		benefits, sick pay	, vacation pay, workers' compensat	tion, Social Security benefits;
	☐ Yes.	Give spec	ific information				
31.			rance policies n, disability, or life insu	rance; health savings acco	unt (HSA); credit, l	homeowner's, or renter's insurance	
	☐ Yes.	Name the i	insurance company of Company	each policy and list its valu name:	ie.	Beneficiary:	Surrender or refund value:
32.	If you a died.	are the ben	eficiary of a living trus	ou from someone who had a literal proceeds from a literal proceed from a literal proceeds from a literal proceeds from a literal proceed from a literal		v, or are currently entitled to receive	property because someone has
	⊔ Yes.	Give spec	ific information				
33.	Exam _l ■ No	oles: Accide		or not you have filed a labutes, insurance claims, or		demand for payment	
34.	■ No		•	aims of every nature, inc	luding countercl	aims of the debtor and rights to s	set off claims
0.5			each claim	a da Par			
35.	Any fin ■ No	ianciai ass	sets you did not alre	ady list			
	☐ Yes.	Give spec	ific information				
36			-4	ntries from Part 4, includ		or pages you have attached for	\$6,449.00
Pa	art 5: De	scribe Any	Business-Related Prop	perty You Own or Have an In	nterest In. List any r	real estate in Part 1.	
37.	Do you	own or have	e any legal or equitable	interest in any business-re	lated property?		
	No. Go	to Part 6.					
	☐ Yes. (Go to line 38	i.				
Pa			Farm- and Commercia ave an interest in farmla	I Fishing-Related Property Y nd, list it in Part 1.	ou Own or Have ar	n Interest In.	
46.	Do you	own or h	ave any legal or equ	itable interest in any farn	n- or commercial	fishing-related property?	
	_	Go to Part 7					
	☐ Yes	. Go to line	47.				
Pa	rt 7:	Describe	All Property You Own	or Have an Interest in That	You Did Not List Ab	oove	
53.	Exam		er property of any ki on tickets, country clu	nd you did not already list o membership	st?		
	■ No □ Yes	Give speci	fic information				
	00.	Cito opour					

Official Form 106A/B Schedule A/B: Property page 5

Debtor 1 Debtor 2	Tripodi, Joseph R Sr. & Tripodi, Jacqueline M		Case number (if known)	
54. Add t	the dollar value of all of your entries from Part 7. Write the	at number here		\$0.00
Part 8:	List the Totals of Each Part of this Form			
55. Part 1	1: Total real estate, line 2			\$441,000.00
56. Part 2	2: Total vehicles, line 5	\$4,900.00		
57. Part 3	3: Total personal and household items, line 15	\$1,300.00)	
58. Part 4	4: Total financial assets, line 36	\$6,449.00	_)	
59. Part 	5: Total business-related property, line 45	\$0.00	_)	
60. Part 6	6: Total farm- and fishing-related property, line 52	\$0.00	_)	
61. Part 7	7: Total other property not listed, line 54	\$0.00	<u> </u>	
62. Total	personal property. Add lines 56 through 61	\$12,649.00	Copy personal property total	\$12,649.00
63. Total	of all property on Schedule A/B. Add line 55 + line 62		_	\$453,649.00

Official Form 106A/B Schedule A/B: Property page 6

Fil	I in this information to i	dentify your case:				
De		h R Tripodi, Sr				
De	First Nan	ne	Middle Name	L	ast Name	
	ouse if, filing) First Nan	ne	Middle Name	L	ast Name	
Un	nited States Bankruptcy C	ourt for the: EA	STERN DISTRICT OF NE	W YC	ORK, BROOKLYN DIVISION	
Ca	ase number					
(if k	(nown)					Check if this is an
						amended filing
O ⁻	fficial Form 10	<u>6C</u>				
S	chedule C: ⁻	The Prope	erty You Cla	im	as Exempt	12/15
		·			•	nh ing correct information. Haing the
oro _l out	perty you listed on Schedu	ule A/B: Property(C	official Form 106A/B) as you	ur sou		s exempt. If more space is needed, fill s, write your name and case number (if
	,	ou claim as exem	nt, you must specify the	amoi	unt of the exemption you claim. Or	ne way of doing so is to state a
spe	ecific dollar amount as e	xempt. Alternative	ely, you may claim the fu	II fair	market value of the property bein	g exempted up to the amount of any
un	ds-may be unlimited in	n dollar amount. H	owever, if you claim an e	exemp		under a law that limits the exemption
	a particular dollar amou blicable statutory amou		f the property is determin	ned to	exceed that amount, your exemp	tion would be limited to the
Pa	rt 1: Identify the Pro	perty You Claim a	s Exempt			
1.	Which set of exemptio	ns are you claimir	ng? Check one only, even	if you	r spouse is filing with you.	
	■ You are claiming state	e and federal nonba	nkruptcy exemptions. 11 l	U.S.C	. § 522(b)(3)	
	☐ You are claiming fede		. , .		J - (-/(-/	
2	G	·	. , , ,	nnt fi	ill in the information below.	
	Brief description of the p		Current value of the		ount of the exemption you claim	Specific laws that allow exemption
	Schedule A/B that lists th	•	portion you own			
			Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
De	ebtor 1 Exemptions	A				NV O' Book to see IB to a
	residence: 99 Fern Island, NY 10308	Avenue, Staten	\$441,000.00		\$77,843.00	N.Y. Civ. Prac. Law and Rules § 5206(a)
	Line from Schedule A/B	1.1			100% of fair market value, up to any applicable statutory limit	
			\$2,700.00		\$2,700.00	N.Y. Debt & Cred. Law §
	2008 Chrysler Sebr Line from Schedule A/B	_			100% of fair market value, up to	282(1)
	Ellie Holli Golledale 7 V.E.				any applicable statutory limit	
						N.Y. Debt & Cred. Law §
	2009 Kia Rio		\$2,200.00	-	\$2,200.00	282(1)
	Line from Schedule A/B	3.2			100% of fair market value, up to any applicable statutory limit	
	furniture Line from Schedule A/B	6.1	\$1,000.00		\$1,000.00	N.Y. Civ. Prac. Law and Rules § 5205(a)(1)
					100% of fair market value, up to any applicable statutory limit	
	clothes Line from Schedule A/B	11.1	\$300.00		\$300.00	N.Y. Civ. Prac. Law and Rules § 5205(a)(5)
	ss conodulo /v/b	· - • • •			100% of fair market value, up to any applicable statutory limit	2 3-05(4)(4)

Official Form 106C

			ption of the property and line on /B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
				Copy the value from Schedule A/B	Check only one box for each exemption.	
3.	(Subj	ect to No	, , , , , , , , , , , , , , , , , , , ,	ears after that for cases	filed on or after the date of adjustment.) 1,215 days before you filed this case?	

Official Form 106C

Fil	l in this informa	ntion to identify your o	ase:						
De	btor 1						7		
Do	ebtor 2	First Name		liddle Name	La	ast Name	1		
	ouse if, filing)	Jacqueline M Trip		liddle Name	La	ast Name			
Un	ited States Bank	kruptcy Court for the:	EAST	ERN DISTRICT OF NE	W YC	PRK, BROOKLYN DIVISION			
	nse number							Check if this is an amended filing	ı
Oí	fficial For	m 106C							
S	chedule	C: The Pro	per	ty You Cla	im	as Exempt			12/15
orop out	perty you listed o	n Schedule A/B: Prope	rty (Offici	ial Form 106A/B) as you	ir sou	both are equally responsible for surce, list the property that you claim a y. On the top of any additional page	s exempt. If	f more space is need	ed, fill
spe app fun to a	ecific dollar amo dicable statutor ds—may be un	ount as exempt. Altern y limit. Some exempti limited in dollar amou ar amount and the val	atively, ons—su nt. Howe	you may claim the fuluch as those for health ever, if you claim an e	ll fair h aids exemp	nt of the exemption you claim. O market value of the property beir , rights to receive certain benefit tion of 100% of fair market value exceed that amount, your exem	ng exempte s, and tax- under a lav	ed up to the amount exempt retirement w that limits the exe	of any
Pa	rt 1: Identify	the Property You Cla	im as Ex	cempt					
1.	Which set of e	xemptions are you cla	aiming?	Check one only, even	if your	spouse is filing with you.			
	■ You are clair	ning state and federal n	onbankru	uptcy exemptions. 11 l	J.S.C.	§ 522(b)(3)			
	☐ You are clair	ning federal exemptions	. 11 U.S	S.C. § 522(b)(2)					
2.				• ()()	npt, fi	Il in the information below.			
	Brief description	n of the property and line at lists this property		Current value of the portion you own	-	ount of the exemption you claim	Specific I	aws that allow exemp	tion
				Copy the value from Schedule A/B	Che	ck only one box for each exemption.			
<u>De</u>	ebtor 2 Exemp Brief description Line from Sche	n				100% of fair market value, up to any applicable statutory limit			
3.	(Subject to adju ■ No		every 3 y	ears after that for cases	s filed	on or after the date of adjustment.) 5 days before you filed this case?			
	□ No □ Yes	;							

Official Form 106C

					_	
Fill in this inform	nation to identify you	r case:				
Debtor 1	Joseph R Tripo	di, Sr. Middle Name Last Na	me			
Debtor 2 (Spouse if, filing)	Jacqueline M T	ripodi Middle Name Last Nar	me			
United States Bar	nkruptcy Court for the:	EASTERN DISTRICT OF NEW YORK,	BROC	OKLYN DIVISION		
Case number						
(if known)						if this is an led filing
Official Form	n 106D					J
		Who Have Claims Secu	irec	by Propert	У	12/15
		f two married people are filing together, both a , number the entries, and attach it to this form.				
•	have claims secured by	your property?				
	_	s form to the court with your other schedules	You k	have nothing else to re	nort on this form	
_		•	. 1001	nave nothing else to re	port on this form.	
	all of the information be	elow.				
	I Secured Claims			Column A	Column B	Column C
for each claim. If me	ore than one creditor has	nore than one secured claim, list the creditor sepa a particular claim, list the other creditors in Part 2. cal order according to the creditor 's name.		Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion
2.1 Citifinanc	ial	Describe the property that secures the claim:		\$51,031.00	\$441,000.00	\$0.00
Creditor's Name	9	residence: 99 Fern Avenue, Staten Island, NY 10308	1			
605 Munn Fort Mill, S		As of the date you file, the claim is: Check all the apply. Contingent	hat			
Number, Street,	, City, State & Zip Code	Unliquidated				
Who owes the del	bt? Check one.	Disputed Nature of lien. Check all that apply.				
■ Debtor 1 only		☐ An agreement you made (such as mortgage	or secu	ured		
Debtor 2 only		car loan)				
Debtor 1 and De	btor 2 only	☐ Statutory lien (such as tax lien, mechanic's lie	en)			
☐ At least one of the	ne debtors and another	☐ Judgment lien from a lawsuit				
Check if this cla		Other (including a right to offset)				
Date debt was incu	ırred	Last 4 digits of account number 2	101			
2.2 Frd Motor		Describe the property that secures the claim:	<u>. </u>	\$1,316.00	\$0.00	\$1,316.00
Creditor's Name						
Po Box Bo	ov 542000	As of the date you file, the claim is: Check all the	hat			
Omaha, N		apply. ☐ Contingent				
	, City, State & Zip Code	☐ Unliquidated				
, , , , , , , , , , , , , , , , , , , ,	,,,	☐ Disputed				
Who owes the del	bt? Check one.	Nature of lien. Check all that apply.				
■ Debtor 1 only □ Debtor 2 only		☐ An agreement you made (such as mortgage car loan)	or secu	ured		
Debtor 1 and De	htor 2 only	☐ Statutory lien (such as tax lien, mechanic's lie	en)			
_	ebior 2 only ne debtors and another	☐ Judgment lien from a lawsuit	G11)			
☐ Check if this cla		☐ Other (including a right to offset)				
community del						
Date debt was incu	ırred	Last 4 digits of account number 3:	327			

Official Form 106D

Debtor	1 Joseph R Tripodi, Sr.		Case number (if know)		
	First Name Middle Na	ame Last Name			
Debtor	2 Jacqueline M Tripodi				
	First Name Middle Na	ame Last Name			
2.3 S	eterus Inc	Describe the property that secures the claim:	\$312,126.00	\$441,000.00	\$0.00
Cr	editor's Name	residence: 99 Fern Avenue, Staten Island, NY 10308			
20	501 lbm Dr, Bldg 201, dd188 harlotte, NC 28262	As of the date you file, the claim is: Check all that apply. Contingent			
	imber, Street, City, State & Zip Code	☐ Unliquidated			
		☐ Disputed			
Who ov	ves the debt? Check one.	Nature of lien. Check all that apply.			
■ Debte	•	An agreement you made (such as mortgage or scar loan)	secured		
☐ Debt	or 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At lea	ast one of the debtors and another	☐ Judgment lien from a lawsuit			
	ck if this claim relates to a imunity debt	Other (including a right to offset)			
Date del	bt was incurred	Last 4 digits of account number 7494	4		
If this is Write th	the last page of your form, add th at number here:	umn A on this page. Write that number here: e dollar value totals from all pages. r a Debt That You Already Listed	\$364,473.00 \$364,473.00	-	
Use this trying to than one debts in	page only if you have others to be collect from you for a debt you or	e notified about your bankruptcy for a debt that your bankruptcy for a debt that your to someone else, list the creditor in Part 1, and you listed in Part 1, list the additional creditors he	then list the collection agen	cy here. Similarly, if you ha	ve more
	NONE-	On which I	ine in Part 1 did you e	nter the creditor?	
		Last 4 digit	ts of account number		

Fill in t	his informati	ion to identify your c	ase:			
Debtor	1	Joseph R Tripodi	. Sr.			
		First Name	Middle N	lame Last Name		
Debtor (Spouse i	_	Jacqueline M Trip	odi Middle N	ame Last Name		
	.,3/					
United	States Bankrı	uptcy Court for the:	EASTERN	DISTRICT OF NEW YORK, BROOKLYN DIVISION		
Case n	umber					
(if known)					_	neck if this is an
					an	nended filing
Officia	al Form 1	106E/F				
			ho Have	Unsecured Claims		12/15
				ditors with PRIORITY claims and Part 2 for creditors with NONPR	IORITY claim	
D: Credit the Conti case nun	tors Who Have inuation Page mber (if known	e Claims Secured by Pr to this page. If you hav 1).	operty. If more re no information	ficial Form 106G). Do not include any creditors with partially secus pace is needed, copy the Part you need, fill it out, number the eon to report in a Part, do not file that Part. On the top of any addit	entries in the b	ooxes on the left. Attach
Part 1:		f Your PRIORITY Uns				
_	No. Go to Part 2		a ciaiilis agailis	st your		
_ \ _ \		Z.				
Part 2:	_	f Your NONPRIORIT	/ Unsecured	Claims		
		have nonpriority unsec				
_	•		_	form to the court with your other schedules.		
_		iothing to report in this pa	art. Subinit tins i	offit to the court with your other schedules.		
•	Yes.					
unse	ecured claim, li	st the creditor separately	for each claim.	nabetical order of the creditor who holds each claim. If a creditor had been claim listed, identify what type of claim it is. Do not list claim litiors in Part 3.If you have more than three nonpriority unsecured claim	ns already inclu	ided in Part 1. If more
						Total claim
4.1		ne Bank Usa N		Last 4 digits of account number 3265		\$1,197.00
	Nonpriority Cr	editor's Name		When was the debt incurred?	•	
	15000 Can	oital One Dr		When was the dept incurred:		
	Richmond	I, VA 23238				
		t City State Zlp Code		As of the date you file, the claim is: Check all that apply		
	_	d the debt? Check one.				
	■ Debtor 1 o	,		Contingent		
	Debtor 2 o	-		Unliquidated		
		and Debtor 2 only ne of the debtors and and	athar	☐ Disputed Type of NONPRIORITY unsecured claim:		
		ne or the deptors and and his claim is for a comm		Student loans		
	debt	subject to offset?	numty	☐ Obligations arising out of a separation agreement or divorce that report as priority claims	you did not	
	■ No			☐ Debts to pension or profit-sharing plans, and other similar debts		
	☐ Yes			Other. Specify		
				-		

Debto Debto		acqueline M	Case number (f know)					
4.2	Capital One Bank Usa N Nonpriority Creditor's Name	Last 4 digits of account number	4488	\$1,575.00				
	Nonphony Ground of Name	When was the debt incurred?						
	15000 Capital One Dr							
	Richmond, VA 23238 Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply					
	Who incurred the debt? Check one.		or onest an inat apply					
	■ Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:					
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	Obligations arising out of a sepa	ration agreement or divorce that you did not					
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts					
	Yes	Other. Specify						
4.3	Comenity Bank/nwyrk&co	Last 4 digits of account number	7162	\$563.00				
	Nonpriority Creditor's Name	When was the debt incurred?						
	220 W Schrock Rd	when was the debt incurred?						
	Westerville, OH 43081							
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply					
	Who incurred the debt? Check one.	_						
	Debtor 1 only	Contingent						
	Debtor 2 only	Unliquidated						
	Debtor 1 and Debtor 2 only	☐ Disputed						
	At least one of the debtors and another	Type of NONPRIORITY unsecured						
	☐ Check if this claim is for a community debt	Student loans						
	Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims						
	■ No	Debts to pension or profit-sharin						
	☐ Yes	Other. Specify						
		— Other. Specify						
4.4	Discover Fin Svcs Llc Nonpriority Creditor's Name	Last 4 digits of account number	3714	\$1,606.00				
	Troughtening Greation of Training	When was the debt incurred?						
	Po Box 15316							
	Wilmington, DE 19850 Number Street City State Zlp Code	As of the date you file, the claim i	e. Chock all that apply					
	Who incurred the debt? Check one.	As of the date you me, the claim i	s. Check all that apply					
	■ Debtor 1 only	☐ Contingent						
	☐ Debtor 2 only	☐ Unliquidated	5					
	Debtor 1 and Debtor 2 only	☐ Disputed						
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:					
	☐ Check if this claim is for a community	☐ Student loans						
	debt	_	ration agreement or divorce that you did not					
	Is the claim subject to offset?	report as priority claims	3					
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts					
	☐ Yes	Other. Specify						

Debto Debto	Trinadi lacanh D.Cr. 9 Trinadi l	acqueline M Case nun	nber (f know)			
4.5	Dsnb Macys Nonpriority Creditor's Name	Last 4 digits of account number 5210		\$1,053.00		
	Nonpholity Creditor's Name	When was the debt incurred?				
	9111 Duke Blvd Mason, OH 45040					
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all	that apply			
	_	Пол				
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:				
	At least one of the debtors and another	Student loans				
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agree report as priority claims	ment or divorce that you did not			
	No	☐ Debts to pension or profit-sharing plans, and	other similar debts			
	Yes	<u> </u>				
4.6	Dsnb Macys	Last 4 digits of account number 4900		\$429.00		
	Nonpriority Creditor's Name	When was the debt incurred?				
	9111 Duke Blvd Mason, OH 45040					
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all	that apply			
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agree report as priority claims				
	■ No	☐ Debts to pension or profit-sharing plans, and				
	Yes	Other. Specify				
4.7	IRS	Last 4 digits of account number 2966		\$22,920.72		
	Nonpriority Creditor's Name	When was the debt incurred?				
	P O Box 21126 Philadelpia, PA 19114					
	Number Street City State ZIp Code	As of the date you file, the claim is: Check all				
	Who incurred the debt? Check one.	_				
	Debtor 1 only	Contingent				
	Debtor 2 only	Unliquidated				
	Debtor 1 and Debtor 2 only	Disputed				
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community debt	☐ Student loans	, p			
	Is the claim subject to offset?	☐ Obligations arising out of a separation agree report as priority claims	ment or divorce that you did not			
	■ No	☐ Debts to pension or profit-sharing plans, and	other similar debts			
	☐ Yes	Other. Specify				
	■ Other. Specify					

Debto Debto	or 1 or 2 Tripodi, Joseph R Sr. & Tripodi, J	acqueline M Case number (f know)	
4.8	Mt Sinai Surgical Assoc Nonpriority Creditor's Name	Last 4 digits of account number 3408	\$4,500.00
	Nonphorty Creditor's Name	When was the debt incurred?	
	P O Box 30668		
	New York, NY 10087 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim is. Oneon an that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.9	New York State Dept of Taxation	Last 4 digits of account number 1483	\$1,138.00
	Nonpriority Creditor's Name	When we the debt incorred?	
	P O Box 5300	When was the debt incurred?	
	Albany, NY 12205		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	\square Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
	New York State Dept Of Taxation	7004	\$42.442.4C
4.10	Finance Nonpriority Creditor's Name	Last 4 digits of account number 7034	\$13,143.46
	Troughtening Greater & Training	When was the debt incurred?	
	P O Box 5300		
	Albany, NY 12205 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	no or the date yearing, the claim for encourant and appropria	
	■ Debtor 1 only	Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other Specify	

Auton Nice Landscaping Services inc Norprototy Creditor Name Norpro	Debto Debto	Trinadi lacanh D Cr 9 Trinadi l	lacqueline M	Case number (if know)			
P O Box 30137 Staten Island, NY 10303 Number Street City State 2D Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and D	4.11	Nice Landscaping Services inc	Last 4 digits of account number	815	\$425.00		
Staten Island, NY 10303 Number Street City State Is Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Disputed Unliquidated Debtor 1 and Debtor 2 only Debtor 3 one of the debtors and another Debtor 1 and Debtor 2 only Debtor 2 only Debtor 3 one of the debtors and another Debtor 1 only State Debtor 2 only Debtor 3 one of the debtors and another Debtor 1 only Debtor 2 only Debtor 3 one of the debtors and another Debtor 1 only Debtor 2 only Debtor 3 one of the			When was the debt incurred?				
Number Street City State Zip Code No incurred the debt? Check one. Debtor 1 only Confingent Uniquidated Debtor 2 only Uniquidated Debtor 2 only Debtor 2 only Debtor 2 only Uniquidated Debtor 2 only							
Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 point Debtor 2 only Debtor 3 point Debtor 4 point Debtor 4 point Debtor 5 point Debtor 5 point Debtor 5 point 6 poin		Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply			
Debtor 2 only Debtor 1 and Debtor 3 only Debtor 4 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 8 only 6 o		Who incurred the debt? Check one.					
Debtor 1 and Debtor 2 only Disputed		■ Debtor 1 only	☐ Contingent				
At least one of the debtors and another Check if this claim is for a community debt State claim subject to offset? Suddent loans Check if this claim is for a community debt Contingent Co		Debtor 2 only	☐ Unliquidated				
Check if this claim is for a community debt Student loans Check if this claim subject to offset? Contingent Check if this claim subject to offset? Contingent Check if this claim subject to offset? Contingent Check if this claim is for a community debt Contingent Check if this claim is for a community debt Contingent Check if this claim is for a community debt Contingent Check if this claim is for a community debt Contingent Check if this claim is for a community debt Contingent Check if this claim is for a community debt Contingent Check if this claim is for a community debt Contingent Check if this claim is for a community debt Contingent Check if this claim is for a community debt Contingent Check if this claim is for a community debt Contingent Check if this claim is for a community debt Contingent Check if this claim is for a community debt Contingent Check if this claim is for a community debt Contingent Check if this claim is for a community debt Contingent Check if this claim is for a community debt Contingent Check if this claim is for a community debt Contingent Check if this claim is for a community debt Contingent Check if this claim is for a community debt Contingent Check if this claim is for a community debt Contingent		Debtor 1 and Debtor 2 only	☐ Disputed				
Crisck in the claim subject to offset? Contingent		\square At least one of the debtors and another	<u></u>	d claim:			
Is the claim subject to offset? PayPal Credit			_				
4.12 PayPal Credit Nonpriority Creditor's Name Very Nonpriority Creditor's Na			report as priority claims	-			
At 2 PayPal Credit Nonpriority Creditor's Name When was the debt incurred? When was the debt incurred?		No	☐ Debts to pension or profit-sharin	g plans, and other similar debts			
Nonpriority Creditor's Name When was the debt incurred?		Yes	Other. Specify		-		
When was the debt incurred? P O Box 105658 Atlanta, GA 30348 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 4 and Debtor 2 only Debtor 5 the claim subject to offset? No Debtor 5 Debtor 2 only Debtor 6 Debtor 2 only Debtor 6 Debtor 2 only Debtor 7 and Debtor 2 only Debtor 8 Debtor 9 Debtor 1 and Debtor 1 and Debtor 9 Debtor 1 and Debtor 1 and Debtor 9 Debtor 1 and Debtor 1 and Debtor 9 Debtor 1 and	4.12	PayPal Credit	Last 4 digits of account number	3480	\$419.00		
As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 3 and Debtor 2 only Debtor 4 and Debtor 2 only Debtor 5 the claim is for a community debt Is the claim subject to offset? No Debtor 5 Only Debtor 6 only Debtor 6 only Debtor 7 and Debtor 2 only Debtor 8 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 6 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 least one of the debtors and another Debtor 1 only Debtor 3 only Debtor 4 least one of the debtors and another Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 least one of the debtors and another Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 8 only Debtor 9 only		Nonpriority Creditor's Name	When was the debt incurred?				
Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only		P O Box 105658	when was the dest mounted.		-		
Who incurred the debt? Check one. Debtor 1 only			_				
Debtor 1 only Debtor 2 only Debtor 2 only Disputed At least one of the debtors and another Student loans Debtor 1 and Debtor 2 only Disputed At least one of the debtors and another Student loans Debtor 1 only Disputed Student loans Debtor 1 only Debtor 2 only Debtor 3 experition or profit-sharing plans, and other similar debts Last 4 digits of account number PO Box 740985 Cincinnati, 0H 45274 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 sthe claim is for a community debt Debtor 1 only Disputed Type of NONPRIORITY unsecured claim: Student loans			As of the date you file, the claim i	s: Check all that apply			
□ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes □ Other. Specify □ Other. Specify □ Other. Specify □ Other was the debt incurred? □ Other state 2 only □ Debtor 1 only □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Debtor 1 only □ Disputed ■ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Debtor 2 only □ Disputed ■ No □ Debtor 2 only □ Disputed ■ Debtor 1 only □ Disputed ■ Debtor 1 only □ Disputed ■ Debtor 1 only □ Disputed ■		_	Пол				
Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No		′					
At least one of the debtors and another Check if this claim is for a community debt Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Other. Specify Other. Specify		_	_ '				
Check if this claim is for a community debt Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims No			'				
debt Sthe claim subject to offset? Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		<u> </u>	<u></u> '				
Is the claim subject to offset? No Debts to pension or profit-sharing plans, and other similar debts Other. Specify Cother. Specify Last 4 digits of account number Nonpriority Creditor's Name P O Box 740985 Cincinnati, OH 45274 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No No Report as priority claims Cother, Specify Last 4 digits of account number Street A digits of account num			_				
As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No No Other. Specify Last 4 digits of account number 5559 \$1,926.60 When was the debt incurred? When was the debt incurred? As of the date you file, the claim is: Check all that apply Check all that apply Unliquidated Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		Is the claim subject to offset?					
As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No No Last 4 digits of account number 5559 \$1,926.60 \$1,926.60 \$1,926.60 \$1,926.60 \$1,926.60 \$1,926.60 \$1,926.60 \$1,926.60		No	☐ Debts to pension or profit-sharin	g plans, and other similar debts			
Nonpriority Creditor's Name P O Box 740985 Cincinnati, OH 45274 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtors and another At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No When was the debt incurred? As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply Contingent Unliquidated Un		Yes	Other. Specify		-		
When was the debt incurred? P O Box 740985 Cincinnati, OH 45274 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No When was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	4.13	Quest Diagnostics	Last 4 digits of account number	5559	\$1,926.60		
P O Box 740985 Cincinnati, OH 45274 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply Contingent Unliquidated Unliquidated Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		Nonpriority Creditor's Name	When was the debt incurred?				
Number Street City State ZIp Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Debts to pension or profit-sharing plans, and other similar debts As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply Contingent □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts		P O Box 740985	When was the dept incurred:		•		
Who incurred the debt? Check one. □ Debtor 1 only □ Contingent □ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed □ At least one of the debtors and another □ Check if this claim is for a community debt □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts		Cincinnati, OH 45274					
■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt ls the claim subject to offset? □ No □ Debtor 1 only □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts			As of the date you file, the claim i	s: Check all that apply			
□ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed □ At least one of the debtors and another □ Check if this claim is for a community debt □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts		<u> </u>	_				
□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts			-				
□ At least one of the debtors and another □ Check if this claim is for a community debt □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts			_ '				
□ Check if this claim is for a community debt □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts			•	1 claim-			
debt Obligations arising out of a separation agreement or divorce that you did not report as priority claims No			<u></u> '	a Glaiiii.			
Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts				ration agreement or divorce that you did not			
				ration agreement of divorce that you did not			
☐ Yes ☐ Other. Specify		■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts			
		□Yes	Other. Specify				

Debto Debto	Trinadi lacanh D.Cr. 9 Trinadi l	acqueline M	Case number (if know)				
4.14	Syncb/paypal Extras Mc Nonpriority Creditor's Name	Last 4 digits of account number	0097	\$2,601.00			
	The special of the sp	When was the debt incurred?					
	Po Box 965005						
	Orlando, FL 32896 Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply				
	Who incurred the debt? Check one.						
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not				
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts				
	Yes	Other. Specify					
4.15	Td Bank Usa/targetcred	Last 4 digits of account number	6900	\$2,553.00			
	Nonpriority Creditor's Name	When was the debt incurred?					
	Po Box 673	when was the dest mounted.					
	Minneapolis, MN 55440						
	Number Street City State Zlp Code	As of the date you file, the claim	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.	_					
	Debtor 1 only	Contingent					
	Debtor 2 only	Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	At least one of the debtors and another	Type of NONPRIORITY unsecured					
	☐ Check if this claim is for a community debt	☐ Student loans					
	Is the claim subject to offset?	Obligations arising out of a separe report as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharin					
	Yes	Other. Specify					
4.16	The Company Corporation	Last 4 digits of account number	7615	\$235.00			
0	Nonpriority Creditor's Name			Ψ233.00			
		When was the debt incurred?					
	P O Box 13397 Pholadelphia, PA 19101						
	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply				
	Who incurred the debt? Check one.	•	,				
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt		ration agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims					
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts				
	☐ Yes ☐ Other. Specify						

4.17	Us Bank Nonpriority Creditor's Name	Last 4 digits of account number 8661	\$2,336.00				
		When was the debt incurred?					
	200 Gibraltar Rd Ste 315						
	Horsham, PA 19044 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply					
	Who incurred the debt? Check one.						
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	☐ Check if this claim is for a community	Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	No	Debts to pension or profit-sharing plans, and other similar debts					
	Yes	Other. Specify					
4.18	VNA Home Care Services	Last 4 digits of account number 0184	\$1,100.00				
	Nonpriority Creditor's Name	When was the debt incurred?					
	400 Lake Ave VNA Of Staten Island Staten Island, NY 10303						
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply					
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:					
	☐ At least one of the debtors and another						
	☐ Check if this claim is for a community	☐ Student loans					
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	Is the claim subject to offset?	□ Debts to pension or profit-sharing plans, and other similar debts					
	■ No □ Yes						
	☐ Yes	Other. Specify					
4.19	Wf Crd Svc Nonpriority Creditor's Name	Last 4 digits of account number 6672	\$9,412.27				
	Nonpholity Creditor's Name	When was the debt incurred?					
	Cscl Dispute Team						
	Des Moines, IA 50306 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply					
	Who incurred the debt? Check one.	,					
	Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	■ No	Debts to pension or profit-sharing plans, and other similar debts					
	□Yes	Other. Specify					

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

btor 1 btor 2 Tripodi, Joseph R Sr. & Tripodi, Jacqueline M		Case number (f know)	
Name and Address -NONE-	On which entry in Part 1 or Part 2 did you list the original creditor? Line of (Check one): Part 1: Creditors with Priority Unsecured Part 2: Creditors with Nonpriority Unsecured		
	Last 4 digits of account number		

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total claim	
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total. Add lines 6a through 6d.	6e.	\$	0.00
				Total Claim	
	6f.	Student loans	6f.	\$	0.00
Total claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	69,133.05
	6j.	Total. Add lines 6f through 6i.	6j.	\$	69,133.05

Fill in this information to identify your case:					
Debtor 1 Joseph R Tripodi, Sr.					
	First Name	Middle Name	Last Name		
Debtor 2	Jacqueline M Tri	podi			
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:		EASTERN DISTRICT O	F NEW YORK, BROOKLYN DIVISIO		
Case number (if known)					

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code				State what the contract or lease is for
2.1			·		
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.2	,				
	Name				
	Number	Street			_
	City		State	ZIP Code	<u> </u>
2.3	Oity		Otate	Zii Gode	
	Name				_
	Number	Street			<u> </u>
	City		State	ZIP Code	_
2.4	- ,				
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.5	• •				
	Name				
	Number	Street			_
	City		State	ZIP Code	_

Official Form 106G

Fill in this	s information to identify	your case:		
Debtor 1	Joseph R T			
Dobtor 2	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, fi	Jacqueline First Name	Middle Name	Last Name	
United Sta	ates Bankruptcy Court for	the: EASTERN DISTRICT	OF NEW YORK, BROOKL	YN DIVISION
Case nun (if known)	nber			☐ Check if this is an amended filing
	al Form 106H dule H: Your (Codebtors		12/15
are filing t and numb case num	ogether, both are equal per the entries in the box ber (if known). Answer e	ly responsible for supplying ses on the left. Attach the Add	correct information. If mor ditional Page to this page.	complete and accurate as possible. If two married peoples space is needed, copy the Additional Page, fill it out, On the top of any Additional Pages, write your name and a codebtor.
1. 50	you have any codebion	s: (II you are filling a joint case	, do not list ettre: spouse as t	a codebtor.
■ No				
Califo	ornia, Idaho, Louisiana, N o. Go to line 3.	ve you lived in a community evada, New Mexico, Puerto Ri	co, Texas, Washington, and	(Community property states and territories include Arizona Wisconsin.)
line 2 106D	l again as a codebtor on	ly if that person is a guarant	or or cosigner. Make sure	your spouse is filing with you. List the person shown ir you have listed the creditor on Schedule D (Official For Schedule D, Schedule E/F, or Schedule G to fill out
	Column 1: Your codebte Name, Number, Street, City, Sta			Column 2: The creditor to whom you owe the debt Check all schedules that apply:
3.1	Name			☐ Schedule D, line ☐ Schedule E/F, line ☐ Schedule G, line
	Number Street City	State	ZIP Code	-
3.2	Name			☐ Schedule D, line ☐ Schedule E/F, line ☐ Schedule G, line ☐ Schedule G, line
	Number Street City	State	ZIP Code	-

Official Form 106H Software Copyright (c) 1996-2016 CIN Group - www.cincompass.com Schedule H: Your Codebtors Page 1 of 1

Fill	in this information to	n identify your cas	se:							
	otor 1	Joseph R Tri								
	otor 2 use, if filing)	Jacqueline M				_				
Unit	ted States Bankrupt	cy Court for the:	EASTERN DISTRICT O	OF NEW YORK, BR	OOKLYN					
(lf kn	se number own)						Check if this is: An amende A suppleme income as c	•		chapter 13
<u>O</u> 1	fficial Form	<u> 1061</u>					MM / DD/ Y	YYY		
So	chedule I: `	Your Inco	me							12/15
supp spou	olying correct inforuse. If you are sepa ch a separate shee	rmation. If you a arated and your	ole. If two married peopl re married and not filing spouse is not filing with n the top of any addition	j jointly, and your s you, do not includ	pouse is e informa	livin ation	g with you, includ about your spous	le informationse. If more s	n about yo pace is nee	our eded,
1.	Fill in your emploinformation.	oyment		Debtor 1		Debtor 2	Debtor 2 or non-filing spouse			
	If you have more th		Employment status	☐ Employed			☐ Emplo	☐ Employed		
	attach a separate prinformation about			■ Not employed		■ Not er	■ Not employed			
	employers.		Occupation	Direct Support Professional		Asst Di	Asst Dir Of Employment			
	Include part-time, self-employed work		Employer's name							
	Occupation may in homemaker, if it a		Employer's address							
			How long employed the	ere?						
Par	t 2: Give Det	ails About Mont	hly Income							
	mate monthly inco		e you file this form. If yo	ou have nothing to rep	ort for any	/ line	, write \$0 in the spa	ce. Include y	our non-filin	g spouse
	u or your non-filing s e, attach a separate		than one employer, comb	ine the information fo	r all emplo	oyers	for that person on	the lines belo	w. If you ne	ed more
							For Debtor 1	For Debto		
2.			, and commissions (before all culate what the monthly w		2.	\$.	4,114.50	\$	4,791.67	
3.	Estimate and list	monthly overtin	ne pay.		3.	+\$.	0.00	+\$	0.00	
4.	Calculate gross I	ncome. Add line	2 + line 3.		4.	\$	4,114.50	\$4,7	791.67	

Official Form 106I Schedule I: Your Income page 1

Debt Debt	or 1 or 2	Tripodi, Joseph R Sr. & Tripodi, Jacqueline M	_	Case	number (if known)			
	0	a Para Albarra		For	Debtor 1	For Debtor	spouse	
	Copy	y line 4 here	4.	^{\$} _	4,114.50	\$4	<u>,791.67</u>	
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	695.61	\$ 1	,113.11	
	5b.	Mandatory contributions for retirement plans	5b.	\$_	0.00	\$	0.00	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	0.00	
	5d.	Required repayments of retirement fund loans	5d.	\$_	0.00	\$	0.00	
	5e.	Insurance	5e.	\$	0.00	\$	0.00	
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00	
	5g.	Union dues	5g.	\$	0.00	\$	0.00	
	5h.	Other deductions. Specify: NY Disa	5h.+	\$	2.60 +	\$	2.60	
		401K		\$	123.44	\$	0.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	821.65	\$1	,115.71	
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	3,292.85	\$3	,675.96	
8.	8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	0.00	
	8b.	Interest and dividends	8b.	\$	0.00	\$	0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	0.00	
	8d.	Unemployment compensation	8d.	<u> </u>	0.00	\$	0.00	
	8e.	Social Security	8e.	\$	0.00	\$	0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	0.00	
	8g.	Pension or retirement income	8g.	\$	0.00	\$	0.00	
	8h.	Other monthly income. Specify:	8h.+	\$_	0.00 +	\$	0.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	0.00	
10.		ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$_	;	3,292.85 + \$_	3,675.96	= \$	6,968.81
11.	Inclu other	e all other regular contributions to the expenses that you list in Schedule and de contributions from an unmarried partner, members of your household, your defineds or relatives. ot include any amounts already included in lines 2-10 or amounts that are not availity:	ependent		•	Schedule J. 11.	+\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The result that amount on the Summary of Schedules and Statistical Summary of Certain						6,968.81
13.	Do y ■	ou expect an increase or decrease within the year after you file this form? No. Yes. Explain:	?				Combine monthly	

Official Form 106I Schedule I: Your Income page 2

Fill	in this information to identify you	ur case:				
Deb	otor 1 Joseph R Tri	podi, Sr.		Check	if this is:	
	<u> </u>	-		_	An amended filing	
	otor 2 Jacqueline Moouse, if filing)	l Tripodi			A supplement show expenses as of the f	ing postpetition chapter 13 following date:
		EASTEDNI DISTRICT OF NEW W	ODK	_	MM / DD / YYYY	
Unit	ted States Bankruptcy Court for the:	EASTERN DISTRICT OF NEW YO BROOKLYN DIVISION	JRK,	IV.	/IMI / DD / YYYY	
Cas	se number					
	nown)					
O	fficial Form 106J					
So	chedule J: Your E	xpenses				12/1
Be info	as complete and accurate as p	oossible. If two married people are ded, attach another sheet to this fo				supplying correct
Par 1.	t 1: Describe Your Househ Is this a joint case?	nold				
١.	□ No. Go to line 2.					
	Yes. Does Debtor 2 live in	a separate household?				
	■ No					
		t file Official Form 106J-2, Expenses t	for Separate Househo	oldof Debtor 2	2.	
2.	Do you have dependents?	□ No				
۷.	Do not list Debtor 1 and		Dependent's relation	nehin to	Dependent's	Does dependent
	Debtor 2.	Yes. Fill out this information for each dependent	Debtor 1 or Debtor		age	live with you?
	Do not state the					□No
	dependents names.		Daughter		22	Yes
			Nista			□ No
			Neice		20	■ Yes □ No
						☐ No
						□ No
•	De como como como de checho	_				☐ Yes
3.	Do your expenses include expenses of people other the yourself and your dependen					
Est exp		g Monthly Expenses ur bankruptcy filing date unless yo ankruptcy is filed. If this is a supple				
val		on-cash government assistance if ye included it on Schedule I: Your I			Your expe	enses
`	,					
4.	The rental or home ownersh payments and any rent for the	ip expenses for your residence. In ground or lot.	clude first mortgage	4. \$		2,650.00
	If not included in line 4:					
	4a. Real estate taxes			4a. \$		0.00
	4b. Property, homeowner's,	or renter's insurance		4b. \$		0.00
	•	pair, and upkeep expenses		4c. \$		0.00
5.		on or condominium dues nts for your residence, such as hom	ne equity loans	4d. \$ 5. \$		0.00 306.75
		, ,		σ. ψ		000110

Debtor 1 Debtor 2 Tripodi, Joseph	R Sr. & Tripodi, Jacqueline M	Case num	ber (if known)	
. Utilities:				
6a. Electricity, heat, nat	rural gas	6a.	\$	525.00
6b. Water, sewer, garba	<u> </u>	6b.	·	150.00
	ne, Internet, satellite, and cable services	6c.	\$	600.00
6d. Other. Specify:		6d.	\$	0.00
Food and housekeeping		7.	\$	1,000.00
Childcare and children's		8.	\$	0.00
Clothing, laundry, and dr	-	9.	\$	300.00
). Personal care products a		10.	\$	75.00
. Medical and dental exper		11.	\$	700.00
 I ransportation. Include g Do not include car paymer 	as, maintenance, bus or train fare.	12.	\$	700.00
	creation, newspapers, magazines, and books	13.	\$	100.00
Charitable contributions	· · · · · · · · · · · · · · · · · · ·	14.	\$	100.00
5. Insurance.	•			
	deducted from your pay or included in lines 4 or 20.			
15a. Life insurance		15a.	·	150.00
15b. Health insurance		15b.	·	0.00
15c. Vehicle insurance		15c.	\$	630.00
15d. Other insurance. Spe		15d.	\$	0.00
Taxes. Do not include taxe Specify:	es deducted from your pay or included in lines 4 or 20.	16.	\$	0.00
 Installment or lease payr 17a. Car payments for Ve 		 17a.	e	329.00
17b. Car payments for Ve		17a. 17b.	·	0.00
17b. Car payments for ve	SHICLE 2	176. 17c.	\$	0.00
17d. Other. Specify:		17d.	·	0.00
· · · —	ny, maintenance, and support that you did not repo		Ψ	0.00
	on line 5, Schedule I, Your Income (Official Form 10		\$	0.00
	ke to support others who do not live with you.	,	\$	0.00
Specify:		19.		
	nses not included in lines 4 or 5 of this form or on S			
20a. Mortgages on other	property	20a.	·	0.00
20b. Real estate taxes		20b.	·	0.00
	er's, or renter's insurance	20c.	·	0.00
20d. Maintenance, repair,	• • •	20d.	·	0.00
	ciation or condominium dues	20e.	\$	0.00
. ,	ood/Vet	21.		150.00
Cigarettes				150.00
2. Calculate your monthly e	expenses			
22a. Add lines 4 through 2	11.		\$	8,615.75
22b. Copy line 22 (monthly	y expenses for Debtor 2), if any, from Official Form 106	SJ-2	\$	
22c. Add line 22a and 22b.	The result is your monthly expenses.		\$	8,615.75
B. Calculate your monthly r	net income.		•	
23a. Copy line 12 (your c	combined monthly income) from Schedule I.	23a.	·	6,968.81
23b. Copy your monthly e	expenses from line 22c above.	23b.	-\$	8,615.75
23c. Subtract your month The result is your me	ly expenses from your monthly income. onthly net income.	23c.	\$	-1,646.94
For example, do you expect to modification to the terms of your No.	se or decrease in your expenses within the year after of finish paying for your car loan within the year or do you experiment of your mortgage? here:			rease or decrease because of a

Fill in this inforn	nation to identify your	case:	
Debtor 1	Joseph R Tripod	i Sr	
	First Name	Middle Name Last Name	- }
Debtor 2	Jacqueline M Tri	podi	
(Spouse if, filing)	First Name	Middle Name Last Name	_
United States Ba	nkruptcy Court for the:	EASTERN DISTRICT OF NEW YORK, BROOKLYN DIVISION	_
Case number			
(if known)			☐ Check if this is an
			amended filing
Official Forn	n 106Dec		
Declarat	ion About a	an Individual Debtor's Schedule	PS 12/15
f two married pe	ople are filing together	, both are equally responsible for supplying correct information	1.
·			
		e bankruptcy schedules or amended schedules. Making a false	
	or property by fraud i 3 U.S.C. §§ 152, 1341, 1	n connection with a bankruptcy case can result in fines up to \$2	250,000, or imprisonment for up to 20
youro, or bourn re	0 010101 33 102, 1011, 1	510, 4.14 557 11	
Sign	n Below		
Did you pay	v or agree to pay some	one who is NOT an attorney to help you fill out bankruptcy forn	ns?
2.0 ,00 pu,	, or agree to pay come		
■ No			
— Vaa N	lana of manage	A.4	ah Dandununtan Datitian Duananada Natia
☐ Yes. N	lame of person		ch Bankruptcy Petition Preparer's Notice, claration, and Signature (Official Form 119)
			naration, and dignature (emotal Ferm 110)
		that I have read the summary and schedules filed with this dec	laration and
that they are	true and correct.		
X /s/ Jose	eph R Tripodi, Sr.	X /s/ Jacqueline M Tripo	di
	n R Tripodi, Sr.	Jacqueline M Tripodi	
Signatur	e of Debtor 1	Signature of Debtor 2	
Doto	lam.com.c 20, 2042	Doto 16	•
Date _	January 20, 2016	Date January 20, 201	b

Fill	in this information to identify your case:	
Deb	otor 1 Joseph R Tripodi, Sr.	
Doh	First Name Middle Name Last Name	
	tor 2 Jacqueline M Tripodi use if, filing) First Name Middle Name Last Name	
Uni	ted States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK, BROOKLYN DIVISION	
	se number	☐ Check if this is an
(11 141		amended filing
Of	ficial Form 106Sum	
Su	mmary of Your Assets and Liabilities and Certain Statistical Information	12/15
infoı youı	is complete and accurate as possible. If two married people are filing together, both are equally responsible for stream on this form. If you are filing amended roriginal forms, you must fill out a new Summary and check the box at the top of this page.	
Par	t1: Summarize Your Assets	
		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$ 441,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$12,649.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$ 453,649.00
Par	t 2: Summarize Your Liabilities	
		Your liabilities
		Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column AAmount of claim, at the bottom of the last page of Part 1 of Schedule D	\$ 364,473.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e	\$
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j & chedule E/F	\$69,133.05
	Your total liabilities	\$433,606.05
Par	t 3: Summarize Your Income and Expenses	
4.	Schedule I: Your Income(Official Form 106I)	
	Copy your combined monthly income from line 12 o S chedule I	\$ 6,968.81
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$8,615.75
Par	t 4: Answer These Questions for Administrative and Statistical Records	
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your of	her schedules.
7.	■ Yes What kind of debt do you have?	
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a p purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C.§ 159.	ersonal, family, or household
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this bo court with your other schedules.	ox and submit this form to the

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

Debtor 2	M Sr. & Tripodi, Jacqueline	Case number (if known)				
8. Fron	n the Statement of Your Current Monthly Income: Copy	vour total current monthly income from Offi	cial Form			

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

8,906.17

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Fill i	n this informa	ation to identify you	r case.				
Debt							
Dept	OI I	Joseph R Tripo	Middle Name		Last Name		
Debt		Jacqueline M T	ripodi Middle Name		Last Name		
	se if, filing)			- NEW ()			
Unite	ed States Banl	kruptcy Court for the:	EASTERN DISTRICT C)F NEW Y	ORK, BROOKLYN D	IVISION	
Case (if kno	number						N. 1.7.1.
(II KIIO	wii)					-	Check if this is an Imended filing
	icial For tement		Affairs for Indiv	iduals	Filing for B	ankruptcy	12/15
Be as	complete an mation. If mo own). Answer	d accurate as possi re space is needed, every question.	ble. If two married people a	are filing this form	together, both are ear. On the top of any	qually responsible for supply additional pages, write your	
				<u>u 2.70u 2</u>			
1. \	wnat is your	current marital statu	JS?				
	☐ Married						
	■ Not marri	ed					
2. I	During the las	st 3 years, have you	lived anywhere other than	where ye	ou live now?		
 	■ No □ Yes. List	all of the places you li	ved in the last 3 years. Do no	ot include v	where you live now.		
	Debtor 1 Price	or Address:	Dates Debtor there	1 lived	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
						ry property state or territory? co, Texas, Washington and Wi	
ı	No						
l	☐ Yes. Mak	e sure you fill out <i>Sch</i>	nedule H: Your Codebtors (O	fficial Forr	m 106H).		
Part	2 Evolain	the Sources of You	ır İncome				
4. I	Did you have Fill in the total f you are filing ☐ No	any income from er amount of income yo		all busine	esses, including part-		lar years?
			Debtor 1			Debtor 2	
			Sources of income Check all that apply.	(befo	ss income ore deductions and usions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
			☐ Wages, commissions, bonuses, tips		\$101,364.00	☐ Wages, commissions, bonuses, tips	\$0.00
			☐ Operating a business			☐ Operating a business	
			☐ Wages, commissions, bonuses, tips		\$77,000.00	☐ Wages, commissions, bonuses, tips	\$0.00
			☐ Operating a business			☐ Operating a business	

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Official Form 107

	btor 1 btor 2	ipodi, Jos	eph R Sr. 8	& Tripodi, J	acqueline M			Case	e number (if known)		
				51/					D.11.		
				Sources of Check all the		(befo	s income re deductions a sions)	nd	Sources of incommendation Check all that a		Gross income (before deductions and exclusions)
				☐ Wages, bonuses, ti	commissions,		\$5,000	.00	☐ Wages, com bonuses, tips	missions,	\$0.00
				☐ Operatii	ng a business				☐ Operating a	business	
5.	Include incother publication you are fili	come regard ic benefit pa ing a joint ca	less of whethe yments; pensi se and you ha	er that income ions; rental inc ave income tha	come; interest; di at you received to	nples of ovidends;	ther income are money collected at it only once u	e alimo d from nder D	lawsuits; royalties;	Social Sec and gambl	urity, unemployment, and ing and lottery winnings. If
	☐ Yes.	Fill in the de	etails.								
				Debtor 1 Sources of Describe be		(befo	s income re deductions a sions)	nd	Debtor 2 Sources of inco Describe below.	ome	Gross income (before deductions and exclusions)
	■ Yes.	During the No. Yes	90 days beform Go to line 7 List below 6 creditor. Do payments to to adjustment or Debtor 2 or 90 days beform Go to line 7 List below 6	re you filed for. each creditor to not include an attorney to an attorney to an 4/01/16 and both have are you filed for. each creditor to domestic si	o whom you paid payments for dor for this bankruptond every 3 years primarily consurbankruptcy, did	you pay a la total of mestic sucy case. after that mer deb you pay a la total of	*\$6,225* or more a to specific to the specific	re in or ns, suc on or a otal of S	ch as child suppor after the date of adj \$600 or more? e total amount you	t and alimo ustment. paid that cr	total amount you paid that ny. Also, do not include editor. Do not include yments to an attorney for
	Creditor	's Name and	d Address		Dates of payme	ent	Total amou		Amount you still owe	Was this	payment for
7.	Insiders in which you business you No	nclude your r are an office you operate	elatives; any g er, director, pe as a sole prop nents to an ins	general partne erson in contro rietor. 11 U.S.	rs; relatives of an ol, or owner of 20 ⁶ .C. § 101. Include	y general % or mor e paymen	nt on a debt yo partners; partners of their voting	ou owe ership securi suppo	ed anyone who was of which you are ities; and any manart obligations, such	a general p aging agent n as child s	partner; corporations of , including one for a upport and alimony.
	msiders	ivaine and	Address		Dates of payme	FIIL	i otai amou pa		Amount you still owe	RedSON	for this payment

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an

Case 1-16-40479-cec Doc 1 Filed 02/03/16 Entered 02/03/16 16:24:33

	otor 1 Tripodi, Joseph R Sr. & Tripodi,	Jacqueline M	Cas	e number (if know	n)	
	insider? Include payments on debts guaranteed or cosig	ned by an insider.				
	■ No □ Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe		this payment litor's name
Par	t 4: Identify Legal Actions, Repossession	s, and Foreclosures				
9.	Within 1 year before you filed for bankrupto List all such matters, including personal injury c and contract disputes.					
	□ No■ Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of th	e case
	Civil Court Richmond County TD BANK USA, NA v. Jacqueline M Tripodi	consumer debt			☐ Pending ☐ On appe	al
	■ No □ Yes. Fill in the information below. Creditor Name and Address	Describe the Property		Dat	te	Value of the property
		Explain what happened	d			p. oporty
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment beca ■ No ■ Yes. Fill in the details.		uding a bank or fina	ncial institution	n, set off any an	nounts from your
	Creditor Name and Address	Describe the action the	creditor took	Dai tak	te action was en	Amount
12.	Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or ar		erty in the possessic	on of an assigne	ee for the benefi	t of creditors, a
	■ No □ Yes					
Par	t 5: List Certain Gifts and Contributions					
13.	Within 2 years before you filed for bankrupt No	cy, did you give any gift	s with a total value c	of more than \$60	00 per person?	
	Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 p	er Describe the gifts			tes you gave	Value
	Person to Whom You Gave the Gift and Address:			the	gifts	

	Tripodi, Joseph R Sr. & Tripo	odi, Jacqueline M	Case number	Case number (if known)				
14.	Within 2 years before you filed for bankr		outions with a total	value of more than \$6	600 to any charity			
	☐ Yes. Fill in the details for each gift or co Gifts or contributions to charities that t more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Cod	total Describe what you contribut	ed	Dates you contributed	Value			
Par	t 6: List Certain Losses							
15.	Within 1 year before you filed for bankru or gambling?	ptcy or since you filed for bankruptcy	did you lose anyth	ning because of theft,	fire, other disaster,			
	■ No □ Yes. Fill in the details.							
	Describe the property you lost and how the loss occurred	Describe any insurance coverage for Include the amount that insurance has insurance claims on line 33 of Schedule	paid. List pending	Date of your loss	Value of property lost			
Par	t 7: List Certain Payments or Transfers	s						
10.	Within 1 year before you filed for bankru consulted about seeking bankruptcy or place any attorneys, bankruptcy petition provided in the latest part of the latest pa	preparing a bankruptcy petition?	services required in		Amount of payment			
	Email or website address Person Who Made the Payment, if Not Y			made	payment			
	Kevin B Zazzera 182 Rose Avenue Staten Island, NY 10306	2750			\$0.00			
	Greenpath	100			\$0.00			
17.	promised to help you deal with your cred Do not include any payment or transfer that y	ditors or to make payments to your cre		r transfer any propert	y to anyone who			
	■ No □ Yes. Fill in the details.							
	Person Who Was Paid Address	Description and value of any transferred	property	Date payment or transfer was made	Amount of payment			
18.	Within 2 years before you filed for bankr transferred in the ordinary course of you include both outright transfers and transfers gifts and transfers that you have already listed. No	ur business or financial affairs? made as security (such as the granting of						
	Yes. Fill in the details. Person Who Received Transfer	Description and value of	Describe	any property or	Date transfer was			
	Address	property transferred		received or debts	made			
	Person's relationship to you							

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a

Case number (if known)

	☐ Yes. Fill in the details.						
	Name of trust	Descripti	ion and v	alue of the pro	perty trans	ferred	Date Transfer was made
Par	t 8: List of Certain Financial Accounts	s, Instruments, Safe	Deposit	Boxes, and Sto	rage Units		
	Within 1 year before you filed for bankru sold, moved, or transferred? Include checking, savings, money mark houses, pension funds, cooperatives, as	et, or other financia	l accoun	ts; certificates	of deposit;		, ,
	■ No						
	☐ Yes. Fill in the details.						
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number		Type of acco	ount or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
21.	Do you now have, or did you have within cash, or other valuables?	n 1 year before you	filed for	bankruptcy, ar	y safe dep	osit box or other depos	itory for securities,
	■ No						
	☐ Yes. Fill in the details.						
	Name of Financial Institution Address (Number, Street, City, State and ZIP Co.		(Number, S	ess to it? treet, City, State	Describe	the contents	Do you still have it?
22.	Have you stored property in a storage u	nit or place other th	an your	home within 1	year before	you filed for bankrupto	с у
	■ Na						
	■ No □ Yes. Fill in the details.						
	Name of Storage Facility	Who else	has or h	ad access	Describe	the contents	Do you still
	Address (Number, Street, City, State and ZIP Cod	de) to it?	(Number, S	treet, City, State	Describe	the contents	have it?
Par	t 9: Identify Property You Hold or Con	ntrol for Someone E	lse				
23.	Do you hold or control any property tha someone.	t someone else owr	ns? Inclu	de any propert	y you borr	owed from, are storing f	or, or hold in trust for
	■ No □ Yes. Fill in the details.						
	Owner's Name Address (Number, Street, City, State and ZIP Cod	Where is (Number, S Code)		erty? State and ZIP	Describe	the property	Value
Pari	t 10: Give Details About Environmental	I Information					
	the purpose of Part 10, the following defi						

material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Debtor 1

Debtor 2

Tripodi, Joseph R Sr. & Tripodi, Jacqueline M

Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to

Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous

own, operate, or utilize it, including disposal sites.

	otor 1 otor 2		Jacqueline M	Case number (if known)	
24.	Has	any governmental unit notified you that	t you may be liable or potentially liable ເ	under or in violation of an environmer	ntal law?
		No Yes. Fill in the details.			
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
25.	Hav	e you notified any governmental unit of	any release of hazardous material?		
		No Yes. Fill in the details.			
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
26.	Hav	e you been a party in any judicial or adn	ninistrative proceeding under any envir	onmental law? Include settlements an	d orders.
		No Yes. Fill in the details.			
		se Title se Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
Par	t 11:	Give Details About Your Business or	Connections to Any Business		
	■ □		g or equity securities of a corporation Part 12.		
	Add	dress mber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Do not include Social Security in Dates business existed	
28.		nin 2 years before you filed for bankrupt itutions, creditors, or other parties.	cy, did you give a financial statement to	o anyone about your business? Includ	le all financial
		No			
		Yes. Fill in the details below.			
		ne dress nber, Street, City, State and ZIP Code)	Date Issued		
Par	t 12:	Sign Below			
true banl	and krupt	ad the answers on this Statement of Fina correct. I understand that making a false cy case can result in fines up to \$250,00 . §§ 152, 1341, 1519, and 3571.	e statement, concealing property, or ob-	taining money or property by fraud in	
		eph R Tripodi, Sr.	/s/ Jacqueline M Tripodi		
		n R Tripodi, Sr. re of Debtor 1	Jacqueline M Tripodi Signature of Debtor 2		
Dat	e _	January 20, 2016	Date		

Official Form 107

Case 1-16-40479-cec Doc 1 Filed 02/03/16 Entered 02/03/16 16:24:33

Debtor 1 Debtor 2	Tripodi, Jose	oh R Sr. & Tripodi, Jacqueline M	Case number (if known)	
Did you at	tach additional pa	ages to Your Statement of Financial Affairs for Inc	lividuals Filing for Bankruptcy (Official Form 107)?	
☐ Yes				
Did you pa	ay or agree to pay	someone who is not an attorney to help you fill o	ut bankruptcy forms?	
■ No				
☐ Yes. Na	me of Person	. Attach the Bankruptcy Petition Preparer's Notice,	Declaration, and Signature (Official Form 119).	

Official Form 107

Fill in t	his infor	mation to identify your case:			Ch	eck on	e box only as di	rected i	n this form and	in Form
Debtor	r 1	Joseph R Tripodi, Sr.			122	2A-1Sı	rbb:			
Debtor	r 2	Jacqueline M Tripodi				П1Т	here is no presu	ımntion	of abuse	
(Spouse		oacqueille iii Tripoui					•			
United	States E	Bankruptcy Court for the: Eastern District of Division	New Yor	rk, Brook	dyn die	á	he calculation to applies will be m Calculation (Offic	ade un	derChapter 7 M	
Case r	number					□ 3. T	he Means Test of military service b	does not	t apply now beca	ause of qualified
							eck if this is a			
Offic	ial F	orm 122A - 1								
		7 Statement of Your Cur	rant	Mon	thly Inc	om/	2			40/45
JIIa	piei	7 Statement of Tour Cur	<u> </u>	IVIOI	itiliy iiic	OIII	-			12/15
separa umber	ate sheet (if know service,	and accurate as possible. If two married people at to this form. Include the line number to which then a). If you believe that you are exempted from a procomplete and file Statement of Exemption from Foundate Your Current Monthly Income	e additio esumptio	nal infor	mation applies. Ise because you	On the u do no	top of any additi t have primarily of	onal pag	ges, write your n er debts or beca	ame and case use of qualifying
1. V	/hat is v	our marital and filing status? Check one onl								
_	_	arried. Fill out Column A, lines 2-11.	,.							
_	_	ed and your spouse is filing with you. Fill out	t both Co	olumns /	A and B. lines 2	P-11.				
_	_	ed and your spouse is NOT filing with you. Y			· ·					
_	_	ng in the same household and are not legal				ımns A	and B lines 2-	11		
	_	ng separately or are legally separated. Fill o							a this box you	declare under
	per	nalty of perjury that you and your spouse are legart for reasons that do not include evading the M	ally sepa	arated un	der nonbankru	otcy lav	w that applies or			
101(10A). For	erage monthly income that you received from all sexample, if you are filing on September 15, the 6-mo	onth perio	od would	be March 1 throu	igh Aug	ust 31. If the amou	ınt of you	ur monthly income	varied during the
		I the income for all 6 months and divide the total by 6 rental property, put the income from that property in								ooth spouses
						Colum			nn B or 2 or iling spouse	
		ss wages, salary, tips, bonuses, overtime, a ductions).	nd com	mission	ns (before all	\$	4,114.50	\$	4,791.67	
		and maintenance payments. Do not include point is filled in.	ayment	ts from a	spouse if	\$	0.00	\$	0.00	
o fr ro	f you or om an u oommate	nts from any source which are regularly pai your dependents, including child support. married partner, members of your household, yes. Include regular contributions from a spouse clude payments you listed on line 3	Include i	regular o	contributions	^{n.} \$	0.00	\$	0.00	
5. N	let incor	ne from operating a business, profession, o	r farm							
			•		tor 1					
		eipts (before all deductions)	\$ -\$	0.00						
	,	and necessary operating expenses	· —		Copy here ->	¢	0.00	\$	0.00	l
		nly income from a business, profession, or farn ne from rental and other real property	n \$	0.00	Copy liele ->	Ψ	0.00	Ψ	0.00	1
o. N	et meon	ne nom remai and other real property		Deb	tor 1					
G	iross rec	eipts (before all deductions)	\$	0.00						ľ
		and necessary operating expenses	-\$	0.00						
	•	nly income from rental or other real property	\$	0.00	Copy here ->	\$	0.00	\$	0.00	Ì
7. Ir	nterest.	dividends, and rovalties				\$	0.00	\$	0.00	

Official Form 122A-1

7. Interest, dividends, and royalties

Debtor 1 Debtor 2	Tripodi, Joseph R Sr. & Tr	ipodi, Jacqueline N	Λ		Case numb	er (<i>if known</i>)			
					Column A Debtor 1		Column B Debtor 2	or	
8. U n	nemployment compensation				\$	0.00	\$	0.00	
	o not enter the amount if you contend ocial Security Act. Instead, list it he		ed was a benefit	under the					
	For you	\$	0	.00					
	For your spouse	\$	0	.00					
un	ension or retirement income. Do rider the Social Security Act.	•			\$	0.00	\$	0.00	
not a v	come from all other sources not it include any benefits received under ictim of a war crime, a crime agains necessary, list other sources on a so	r the Social Security Act thumanity, or internation	t or payments red nal or domestic to	ceived as					
					\$	0.00	\$	0.00	
					\$	0.00	\$	0.00	
	Total amounts from separate	pages, if any.		+	\$	0.00	\$	0.00	
	alculate your total current month ich column. Then add the total for 0			\$	4,114.50	+ -	4,791.67	= \$	8,906.17
Part 2:	Determine Whether the Mean	ns Test Applies to You	I					incom	e
12. C a	alculate your current monthly inc	ome for the year. Follo	w these steps:						
12	a. Copy your total current monthly	income from line 11			Cop	y line 11	here=>	\$	8,906.17
	Multiply by 12 (the number of m	onths in a year)						X	12
12	b. The result is your annual income	for this part of the form					12	b. \$1	06,874.04
13. Ca	alculate the median family incom	e that applies to you. F	Follow these step	s:					
Fill	I in the state in which you live.		NY						
Fill	I in the number of people in your he	ousehold.	4						
To	I in the median family income for your find a list of applicable median income. This list may also be available a	ome amounts, go online	e using the link s	pecified in	n the separa	ate instruct	13 ions for this	s. \$	88,642.00
14. Ho	ow do the lines compare?								
14	a.	equal to line 13. On the	top of page 1, c	heck box	1T,here is no	presumpti	on of abuse.		
14	b. Line 12b is more than lin Go to Part 3 and fill out		je 1, check box 2	Ҵhe presu	ımption of a	buse is de	termined by I	Form 122A	-2.
Part 3:	Sign Below								
	By signing here, I declare under	penalty of perjury that the	e information on	this staten	nent and in a	any attachr	nents is true	and correc	t.
	X /s/ Joseph R Tripodi, Sr		X		queline M				
	Joseph R Tripodi, Sr. Signature of Debtor 1		·		line M Tri e of Debtor				
D	Date January 20, 2016		Date	January	y 20, 2016				
	MM / DD / YYYY	fill out or file F 400	Λ 2	MM / DD	/ YYYY				
	If you checked line 14a, do NOT								
	If you checked line 14b, fill out F	orm 122A-2 and file it v	vith this form.						

Fill in this information to identify your case:				ate box as directed in
Debtor 1 Joseph R Tripodi, Sr.		lir	nes 40 or 42:	
Debtor 2 Jacqueline M Tripodi (Spouse, if filing)			According to the calculatement:	culations required by this
United States Bankruptcy Court for the: Eastern Division	District of New York, Brooklyn		■ 1. There is no pr	resumption of abuse.
Case number			☐ 2. There is a pre	sumption of abuse.
(if known)			Check if this is ar	amended filing
Official Form 122A - 2				3
Chapter 7 Means Test Calc	ulation			12/1
To fill out this form, you will need your complete Be as complete and accurate as possible. If two is needed, attach a separate sheet to this form, I write your name and case number (if known).	married people are filing toget	her, both are equally	responsible for bei	ng accurate. If more space
Part 1: Determine Your Adjusted Income				
Copy your total current monthly income	Copy line 11 fr	om Official Form 122	A-1 here=>	\$8,906.17
2. Did you fill out Column B in Part 1 of Form ☐ No. Fill in \$0 for the total on line 3.	122A-1?			
Yes. Is your spouse Filing with you?				
□ No. Go to line 3.				
Yes. Fill in \$0 the total on line 3.				
Adjust your current monthly income by su household expenses of you or your depen		use's income not use	d to pay for the	
On line 11, Column B of Form 122A-1, was ar you or your dependents?	ny amount of the income you repo	rted for your spouse No	OT regularly used for	the household expenses of
■ No. Fill in 0 for the total on line 3.				
☐ Yes. Fill in the information below:				
State each purpose for which the inc For example, the income is used to pay support other than you or your depender	your spouse's tax debt or to	Fill in the amoun are subtracting f your spouse's in	from	
		\$	_	
		\$	_	
		\$		
			_	
Total.		\$	<u>'</u>	
			Copy total here=	> \$0.00

Adjust your current monthly income. Subtract line 3 from line 1.

Official Form 122A-2

8,906.17

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Debtor 1 Debtor 2	Tripodi, Josep	h R Sr. & Tripodi, Jacqueline	M	Case number (if I	known)	
Part 2:	Calculate Your	Deductions from Your Income				
ans for t	wer the questions in his form. This inforn	ervice (IRS) issues National and L lines 6-15. To find the IRS standa nation may also be available at th	e bankruptcy cle	ing the link specified in k's office.	the separate instructions	
actu	al expenses if they are	nts set out in lines 6-15 regardless of higher than the standards. Do not of crating expenses that you subtracted	leduct any amounts	that you subtracted fro yo	our spouse's income in line 3	
If yo	ur expenses differ from	m month to month, enter the average	expense.			
Whe	enever this part of the	from refers to you, it means both yo	u and your spouse	if Column B of Form 122	A-1 is filled in.	
5.	The number of peo	ple used in determining your ded	uctions from inco	me		
		people who could be claimed as exer onal dependents whom you support. hold.				
Nati	onal Standards	You must use the IRS Nationa	al Standards to ans	wer the questions in lines	s 6-7.	
6. 7.	fill in the dollar amou	l other items: Using the number of int for food, clothing, and other item the care allowance: Using the number of	s. er of people you e	ntered in line 5 and the IR	\$ RS National Standards, fill in	1,513.00
	people who are 65 or	out-of-pocket health care. The number olderbecause older people have a amount, you may deduct the additional control of the	higher IRS allowan	ce for health care costs. If		
Peo	ple who are under 6	5 years of age				
	7a. Out-of-pocket h	ealth care allowance per person	\$6	<u>0</u>		
	7b. Number of peop	ole who are under 65	X4			
	7c. Subtotal. Multi	ply line 7a by line 7b.	\$	Copy here=>	\$ 240.00	
Peo	ple who are 65 years	s of age or older				
	7d. Out-of-pocket h	ealth care allowance per person	\$14	<u>4</u> _		
	7e. Number of peop	ole who are 65 or older	X0			
	7f. Subtotal. Multi	ply line 7d by line 7e.	\$0.0	Copy here=>	+\$0.00	
	7g. Total. Add line	7c and line 7f		\$\$	Copy total here=> \$	240.00

Case number (if known)

Loc	al Sta	andards	You must use the IRS Local Standards to ans	wer the	questions in line	s 8-15.					
		n informat s into two	ion from the IRS, the U.S. Trustee Program b	ıas divid	ded the IRS Loc	cal Standa	rd for ho	using f	or bankr	uptcy	
= +	łousi	ng and ut	ilities - Insurance and operating expenses								
_		_	ilities - Mortgage or rent expenses								
To a	new	or the aug	estions in lines 8-9, use the U.S. Trustee Proc	ıram ch	art						
		•	,	•							
			o online using the link specified in the separate be available at the bankruptcy clerk's office.	instruction	ons for this form						
8.			utilities - Insurance and operating expenses: unt listed for your county for insurance and opera					line 5, f	ill in \$_		792.00
9.	Hou	sing and	utilities - Mortgage or rent expenses:								
	9a.		e number of people you entered in line 5, fill in the your county for mortgage or rent expenses				\$_	2,2	92.00		
	9b.	Total aver	rage monthly payment for all mortgages and othe	r debts :	secured by your l	home.					
		contractua	ate the total average monthly payment, add all ally due to each secured creditor in the 60 month by. Then divide by 60.								
		Name of	the creditor	Averag	ge monthly ent						
		Citifina	ncial	\$	306.75						
		Seterus	Inc	\$	2,396.00						
			Total average monthly payment	\$	2,702.75	Copy here=>	-\$	2,7	702.75	Repeat this amount on line 33a.	
	9c.	Net mortg	gage or rent expense.			J 			_		
			line 9b (total average monthly paymen) from linense). If this amount is less than \$0, enter \$0			\$		0.00	Copy here=>	\$	0.00
10.			nat the U.S. Trustee Program's division of the lculation of your monthly expenses, fill in an				ı is incor	rect and	ł	\$	0.00
	Exp	olain why:									
11.	Loc	al transpo	ortation expenses: Check the number of vehicle	s for wh	nich you claim an	ownership	or operat	ing expe	ense.		
	□ 0	. Go to line	e 14.								
	□ 1	. Go to line	e 12.								
	2	or more.	Go to line 12.								
12.	Veh expe	icle opera enses, fill ir	ntion expense: Using the IRS Local Standards on the Operating Costs that apply for your Census	and the region (number of vehic or metropolitan s	eles for which tatistical are	ch you cla ea.	aim the	operating	\$	684.00

Debtor 1 Debtor 2

Case number (if known)

13.		ownership or lease expense: Using the IRS Local S claim the expense if you do not make any loan or lease cles.						
Vel	hicle 1	Describe Vehicle 1:						
13a.	Ownersh	nip or leasing costs using IRS Local Standard			\$	517.00		
13b.	•	monthly payment for all debts secured by Vehicle 1. aclude costs for leased vehicles.						
	contracti	late the average monthly payment here and on line 1 ually due to each secured creditor in the 60 months aft ride by 60.						
	Naı	me of each creditor for Vehicle 1	Average payment	monthly				
	Fre	d Motor Cr	\$	329.00				
		Total Average Monthly Payment	\$	329.00	Copy here =>	-\$329	Repeat this amount on line 33b.	
13c.		cle 1 ownership or lease expense line 13b from line 13a. if this amount is less than \$0,	, enter \$0		\$	188.00	Copy net Vehicle 1 expense here => \$	188.00
Vel	hicle 2	Describe Vehicle 2:						
13d.	Ownersh	nip or leasing costs using IRS Local Standard			\$	517.00		
13e.	Average leased v	monthly payment for all debts secured by Vehicle 2. Dehicles.	o not includ	le costs for				
	Naı	me of each creditor for Vehicle 2	Average payment	monthly				
	-No	ONE-	_ \$					
		Total Average Monthly Payment	\$	0.00	Copy here => -\$ _	0.00	Repeat this amount on line 33c.	
13f.	Net Vehi	cle 2 ownership or lease expense					Copy net Vehicle 2 expense	
	Subtract	line 13e from line 13d. if this amount is less than \$0,	, enter \$0		\$	517.00	here => \$	517.00
14.		ransportation expense: If you claimed 0 vehicles in rtation expense allowance regardless of whether you u			ocal Standar	ds, fill in th <i>⊵ub</i>	lic \$	0.00
15.	deduct a	nal public transportation expense: If you claimed 1 public transportation expense, you may fill in what you an the IRS Local Standard for Public Transportation.						0.00

Debtor 1 Debtor 2

Debtor 1 Debtor 2 Tripodi, Joseph R Sr. & Tripodi, Jacqueline M

Case number (if known)

Oth	•	addition to the expense deductions listed above, you are allowed your monthly expenses for e following IRS categories.		
16.	self-employment taxes, Social S your pay for these taxes. Howev	that you will actually owe for federal, state and local taxes, such as income taxes, security taxes, and Medicare taxes. You may include the monthly amount withheld from ver, if you expect to receive a tax refund, you must divide the expected refund by 12 and otal monthly amount that is withheld to pay for taxes.		4 000 74
	Do not include real estate, sales	s, or use taxes.	\$	1,808.71
17.	Involuntary deductions: The tunion dues, and uniform costs.	total monthly payroll deductions that your job requires, such as retirement contributions,		
	Do not include amounts that are	e not required by your job, such as voluntary 401(k) contributions or payroll savings.	\$	5.20
18.	together, include payments that	hly premiums that you pay for your own term life insurance. If two married people are filing you make for your spouse's term life insurance. Do not include premiums for life insurance iling spouse's life insurance, or for any form of life insurance other than term.	\$	150.00
19.	Court-ordered payments: The agency, such as spousal or child	e total monthly amount that you pay as required by the order of a court or administrative d support payments.		
	Do not include payments on pa	ast due obligations for spousal or child support. You will list these obligations in line 35.	\$	0.00
20.	Education: The total monthly as a condition for your job, or	mount that you pay for education that is either required:		
	• • •	y challenged dependent child if no public education is available for similar services.	\$	0.00
21.	Childcare: The total monthly an	mount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.		
	Do not include payments for any	y elementary or secondary school education.	\$	0.00
22.	required for the health and welfa	ses, excluding insurance costs: The monthly amount that you pay for health care that is are of you or your dependents and that is not reimbursed by insurance or paid by a health he amount that is more than the total entered in line 7.		
	Payments for health insurance of	or health savings accounts should be listed only in line 25.	\$	0.00
23.	you and your dependents, such	hone services: The total monthly amount that you pay for telecommunication services for as pagers, call waiting, caller identification, special long distance, or business cell phone for your health and welfare or that of your dependents or for the production of income, if it byer.		
	, ,	asic home telephone, internet and cell phone service. Do not include self-employment ed on line 5 of Official Form 122A-1, or any amount you previously deducted.	+\$	0.00
24.	Add all of the expenses allow Add lines 6 through 23.	red under the IRS expense allowances.	\$	5,897.91

Debtor 1 Debtor 2 Tripodi, Joseph R Sr. & Tripodi, Jacqueline M

Case number (if known)

Add	litional l	Expense Deductions	These are additional de-	ductions a	allowed by the I	Means Test.		
			Note: Do not include an	y expens	e allowances lis	sted in lines 6-24.		
25.		nce, disability insurance, ar				es. The monthly expenses for health eccessary for yourself, your spouse, or your		
	Health	insurance		\$	0.00			
	Disabil	lity insurance		\$	0.00			
	Health	savings account		+ \$	0.00			
	Total			\$	0.00	Copy total here=>	\$	0.00
	Do you	u actually spend this total a	amount?					
		No. How much do you act	tually spend?					
		Yes	, .	\$				
26.	continu househ	ue to pay for the reasonable	e and necessary care and nediate family who is una	d support ble to pay	of an elderly, cl for such expe	ictual monthly expenses that you will hronically ill, or disabled member of your nses. These expenses may include	\$	0.00
27.		ction against family viole d your family under the Far		•	, ,	s that you incur to maintain the safety of er federal laws that apply.		
	By law	, the court must keep the n	ature of these expenses	confident	ial.		\$	0.00
28.		onal home energy costs. nce on line 8.	Your home energy costs	are inclu	ıded in your noı	n-mortgage housing and utilities		
		pelieve that you have home I in the excess amount of h		ore than th	ne home energy	y costs included in expenses on line 8,		
		ust give your case trustee of dis reasonable and necess		tual expe	nses, and you r	must show that the additional amount	\$	0.00
29.	\$156.2					monthly expenses (not more than 18 years old to attend a private or public		
		ust give your case trustee of able and necessary and no				must explain why the amount claimed is		
	* Subje	ect to adjustment on 4/01/1	6, and every 3 years afte	r that for	cases begun or	n or after the date of adjustment.	\$	0.00
30.	than th		hing allowances in the IF	RS Nation		al food and clothing expenses are higher That amount cannot be more than 5% of		
		I a chart showing the maxin m. This chart may also be			•	s specified in the separate instructions for		
	You mi	ust show that the additional	l amount claimed is reaso	onable an	d necessary.		\$	0.00
31.		nuing charitable contribunents to a religious or chari				ibute in the form of cash or financial	+\$	0.00
32.		Il of the additional expenses 25 through 31.	se deductions				\$	0.00

Debtor 1 Debtor 2 Tripodi, Joseph R Sr. & Tripodi, Jacqueline M

Case number (if known)	
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	ctions for Debt Payment					
	or debts that are secured by an interes nd other secured debt, fill in lines 33a t	t in property that you own, including home hrough 33e.	mortgaç	ges, vehicle loan	ıs,	
	o calculate the total average monthly payme 60 months after you file for bankruptcy.	ent, add all amounts that are contractually due then divide by 60.	to each s	ecured creditor in		
	Mortgages on your home:					verage monthly
33a.	Copy line 9b here			=	=> \$	2,702.75
	Loans on your first two vehicles					
3b.	Copy line 13b here			=	=> \$	329.00
33c.					=> \$	0.00
3d.	List other secured debts:					
Name	of each creditor for other secured debt	Identify property that secures the debt		Does payment include taxes of insurance?		
				□ No		
	-NONE-			☐ Yes	\$	
		_			•	
				□ No		
		_		☐ Yes	\$.	
				□ No		
				☐ Yes	+\$	
33e.	Total average monthly payment. Add line	es 33a through 33d	\$	3,031.75	Copy total here=>	\$3,031.75
	ther property necessary for your support	secured by your primary residence, a vehicl ort or the support of your dependents?	e, or		J	
	ther property necessary for your support No. Go to line 35. Yes. State any amount that you must	pay to a creditor, in addition to the payments or property (called the cure amount). Next, divide	listed in		J	
of E	 No. Go to line 35. Yes. State any amount that you must line 33, to keep possession of you 	pay to a creditor, in addition to the payments or property (called the cure amount). Next, divide	listed in	Total cure amount		Monthly cure amount
of ■ □	No. Go to line 35. Yes. State any amount that you must line 33, to keep possession of you 60 and fill in the information below	pay to a creditor, in addition to the payments or property (called the <i>cure amount</i>). Next, divides.	listed in	amount	÷ 60 = \$	
of E Name	ther property necessary for your support No. Go to line 35. Yes. State any amount that you must line 33, to keep possession of you 60 and fill in the information below	pay to a creditor, in addition to the payments or property (called the <i>cure amount</i>). Next, divides.	listed in le by	amount	÷ 60 = \$	
of E Name	ther property necessary for your support No. Go to line 35. Yes. State any amount that you must line 33, to keep possession of you 60 and fill in the information below	pay to a creditor, in addition to the payments or property (called the <i>cure amount</i>). Next, divided. Identify property that secures the debt	listed in le by	amount	copy total here=>	amount
Name	ther property necessary for your support. No. Go to line 35. Yes. State any amount that you must line 33, to keep possession of you 60 and fill in the information below e of the creditor ONE-	pay to a creditor, in addition to the payments or property (called the <i>cure amount</i>). Next, divided. Identify property that secures the debt Total	sisted in e by	amount :	Copy	amount
Name	ther property necessary for your support No. Go to line 35. Yes. State any amount that you must line 33, to keep possession of you 60 and fill in the information below e of the creditor ONE-	pay to a creditor, in addition to the payments or property (called the <i>cure amount</i>). Next, divided. Identify property that secures the debt Total	sisted in e by	amount :	Copy	amount
Name -NO	ther property necessary for your support No. Go to line 35. Yes. State any amount that you must line 33, to keep possession of you 60 and fill in the information below e of the creditor ONE- o you owe any priority claims such as re past due as of the filling date of your No. Go to line 36.	pay to a creditor, in addition to the payments our property (called the <i>cure amount</i>). Next, divided. Identify property that secures the debt Total a priority tax, child support, or alimony - the bankruptcy case? 11 U.S.C. § 507.	sisted in le by	amount :	Copy	amount

ebtor 1 ebtor 2 Trip	odi, Joseph R Sr. & Tripodi, Jacqueline M		Case	number (<i>if knowi</i>	1)		
For more	eligible to file a case under Chapter 13? 11 U.S.C. se information, go online using the link fo <i>Bankruptcy Basics</i> may also be availal	asics specified in		ïce.			
■ No.	Go to line 37.						
☐ Yes.	Fill in the following information.						
	Projected monthly plan payment if you were filing und	er Chapter 13	\$				
	Current multiplier for your district as stated on the list Administrative Office of the United States Courts (fo and North Carolina) or by the Executive Office for Uniall other districts).	r districts in Alab					
	To find a list of district multipliers that includes your link specified in the separate instructions for this forr available at the bankruptcy clerk's office.			Co	py total		
	Average monthly administrative expense if you were fi	iling under Chap	ter 13	\$		re=> \$	
	of the deductions for debt payment. es 33e through 36.					\$	3,031.75
Total Deduc	tions from Income						
38. Add all d	of the allowed deductions.						
	ne 24, All of the expenses allowed under IRS e allowances	\$	5,897.91				
•	ne 32, All of the additional expense deductions		0.00				
	ne 37, All of the deductions for debt payment	+\$	3,031.75	\neg			
Total de	eductions	\$	8,929.66	Copy total	here	=> \$	8,929.66
Part 3: Def	termine Whether There is a Presumption of Abuse			_			
39. Calculat	e monthly disposable income for 60 months						
	opy line 4, adjusted current monthly income	\$	8,906.17				
	ppy line 38, <i>Total deductions</i>	- \$	8,929.66				
39c. Mo	onthly disposable income. 11 U.S.C. § 707(b)(2). ubtract line 39b from line 39a	\$	0.00	Copy here=>\$		0.00	
For the	next 60 months (5 years)			<u> </u>	x 60		
39d. To	otal. Multiply line 39c by 60	39d.	\$	0.00	Copy here=>	\$	0.00
40. Find out	whether there is a presumption of abuse. Check the	ne box that appli	es:		_		
■ The I	line 39d is less than \$7,475*. On the top of page 1 of	this form, check	box 1, There i	s no presum _l	otion of abu	se. Go to Part	5.
	line 39d is more than \$12,475*. On the top of page 1 u claim special circumstances. Go to Part 5.	of this form, che	ck box 2, Ther	re is a presun	nption of ab	use. You may	fill out Part 4
^	line 39d is at least \$7,475*, but not more than \$12,4	1 75*. Go to line 4	1 1.				
	to adjustment on 4/01/16, and every 3 years after that f			ato of adjustm	ont		

ebtor 1 ebtor 2	Tripe	odi, Joseph R Sr. & Tripodi, Jacqueline M		Cas	se n	number (if known)		
41.	41a.	Fill in the amount of your total nonpriority unsecured debt Summary of Your Assets and Liabilities and Certain Statistical Schedules (Official Form 106Sum), you may refer to line 3b or	Info	rmation		\$x .25		
	41b.	25% or your total nonpriority unsecured debt. 11 U.S.C. §	707	(b)(2)(A)(i)(1)		\$	Copy here=>	\$
		Multiply line 41a by 0.25			L			
of y	our u	ne whether the income you have left over after subtracting a insecured, nonpriority debt. e box that applies:	all a	illowed deduct	tio	ns is enough to pay 2	25%	
		39d is less than line 41b. On the top of page 1 of this form, che Part 5.	eck	box 1, There is	no	presumption of abuse		
		39d is equal to or more than line 41b. On the top of page 1 of e. You may fill out Part 4 if you claim special circumstances. Th			ox :	2, There is a presumpt	ion of	
art 4:	Giv	e Details About Special Circumstances						
3 Do vo	u hav	e any special circumstances that justify additional expense)e (or adjustments	. 01	f current monthly inc	ome for	which there is no
		alternative? 11 U.S.C. § 707(b)(2)(B).		n dajaotinento		r darrent monthly mo	onic roi	Willow there is no
■ No	o. Go	to Part 5.						
☐ Ye		in the following information. All figures should reflect your averag	ge r	monthly expense	e o	or income adjustment for	or each it	em.
	Yo ne	u must give a detailed explanation of the special circumstances to cessary and reasonable. You must also give your case trustee do justments.						
	G	ive a detailed explanation of the special circumstances				age monthly expense	,	
					\$_			
					\$_		_	
	_				\$_		_	
	_				\$_		_	
art 5:	Sia	n Below						
		gning here, I declare under penalty of perjury that the information	on	this statement a	anc	d in any attachments is	true and	correct.
,	l lel	Joseph R Tripodi, Sr.	v	/s/ Jacquelii	ne	M Tripodi		
,	Jo	seph R Tripodi, Sr. gnature of Debtor 1	^ .	Jacqueline Signature of D	М	Tripodi		
Dat	_		ate	January 20,				
Dat	MN	M/DD/YYYY		MM / DD / YY	<u>γ</u> ΥΥ	Y	_	

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1.717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 1-16-40479-cec Doc 1 Filed 02/03/16 Entered 02/03/16 16:24:33

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Eastern District of New York, Brooklyn Division

In re Tripodi, Joseph R Sr. & Tripodi, Jac	queline M	Case No.							
	Debtor(s)	Chapter	7						
DISCLOSURE OF C	COMPENSATION OF ATTO	ORNEY FOR I	DEBTOR						
compensation paid to me within one year before	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:								
For legal services, I have agreed to accept		\$	2,750.00						
Prior to the filing of this statement I have			2,750.00						
Balance Due		\$	0.00						
2. The source of the compensation paid to me wa	s:								
■ Debtor □ Other (specify):									
3. The source of compensation to be paid to me is	S:								
■ Debtor □ Other (specify):									
4. I have not agreed to share the above-disclo firm.	osed compensation with any other perso	n unless they are me	mbers and associates of	my law					
☐ I have agreed to share the above-disclosed copy of the agreement, together with a list				aw firm. A					
5. In return for the above-disclosed fee, I have ag	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:								
a. Analysis of the debtor's financial situation,b. Preparation and filing of any petition, scheoo.c. Representation of the debtor at the meetingd. [Other provisions as needed]	dules, statement of affairs and plan which	ch may be required;	-	ruptcy;					
6. By agreement with the debtor(s), the above-dis	sclosed fee does not include the following	ng service:							
	CERTIFICATION								
I certify that the foregoing is a complete statem this bankruptcy proceeding.	nent of any agreement or arrangement f	or payment to me for	representation of the d	ebtor(s) in					
January 20, 2016	/s/ Kevin Zazzera	a							
Date	Kevin Zazzera								
	Signature of Attorn Kevin B. Zazzera								
	182 Rose Ave St Staten Island, N								
	kzazz007@yaho	o.com							
	Name of law firm			_					